

## **SENATOR THOMAS F. O'MARA**

406 Legislative Office Building, Albany, New York 12247 (518) 455-2091

## **2019 WOMEN OF DISTINCTION NOMINATION FORM**

All nominations must be received by Monday, March 18, 2019

| Organization and Title of Nom  | ninating Individual: |          |  |
|--------------------------------|----------------------|----------|--|
| Address:                       |                      |          |  |
|                                |                      | E-Mail:  |  |
| Please provide the following r | nominee information: |          |  |
| Birthdate:                     | Place of             | Birth:   |  |
| High School:                   | (                    | College: |  |
| Other Degrees and/or Certific  | ations:              |          |  |
| Academic Awards or Achiever    | nents:               |          |  |
|                                |                      |          |  |
|                                |                      |          |  |

| Community, Civic or Business Awards and Recognitions: |
|---|
|   |
|   |
| Past & Present Community/Civic Involvement:           |
|   |
|   |
| Volunteer Service:                                    |
|   |
| Military Service:                                     |
| Present Occupation:                                   |
| Past Relevant Occupations:                            |
|   |
| Hobbies and Interests:                                |
|   |
| Marital Status:Children:                              |
| Who or what were your nominee's major influences?     |
|   |
|   |
|   |
| What, if any, obstacles has your nominee overcome?    |
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| What do you think has been your nominee's major accomplishment(s)?       |  |  |  |
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| Please use this space if additional from previous questions is required: |  |  |  |
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