
Women of DISTINCTION

# SENATOR KATHLEEN A. MARCHIONE
# 2013 WOMEN OF DISTINCTION NOMINATION FORM

Name and Address of Nominee: _____

_____

Name of Nominating Individual: _____

Organization and Title of Nominating Individual: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

Please provide the following nominee information:

Birthdate: _____ Place of Birth: _____

High School: _____ College: _____

Other Degrees and/or Certifications: _____

Academic Awards or Achievements: _____

_____

_____

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? _____

_____

_____

_____

What do you think has been your nominee's major accomplishment(s)? _____

_____

_____

_____

*****Please email form to marchione@nysenate.gov or fax to (518) 426-6985**