



**SENATOR PATTY RITCHIE
2017 WOMEN OF DISTINCTION NOMINATION FORM**

Name and Address of Nominee:

Name of Nominating Individual: _____

Organization and Title of Nominating Individual: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

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:_____

Relevant Past 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 ritchie@nysenate.gov, fax to (315) 782-6357

or mail to the Office of State Senator Patty Ritchie, 317 Washington St., Watertown, NY 13601***

