



Women of
DISTINCTION
HONORING WOMEN'S HISTORY MONTH

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**SENATOR CARL L. MARCELLINO
2017 WOMEN OF DISTINCTION NOMINATION FORM**

Deadline for Submission: March 17, 2017

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)? _____

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Please return to:

Senator Carl L. Marcellino

250 Townsend Square, Oyster Bay, New York 11771

or fax to: 516-922-1154 or email to: Marcelli@nysenate.gov