



## Women's History Coalition of Miami-Dade County, Inc.

The Woman of Impact Award has been established to honor women of Miami-Dade County who have served as advocates and role models in our community. Nominees must demonstrate leadership and service, with an emphasis on issues of significance to women. The award serves to acknowledge contributions to the empowerment of women in the arts, business, education, law, philanthropy, politics, public service, sciences and/or related fields.

The **Nomination Form may be downloaded at <http://womenshistorycoalitionmiamidade.org>**. The Nomination Form is fillable on-line. Nominators are recommended to save the on-line version of the form. A hard copy must be printed for inclusion with other required documents in the nomination packet. No on-line nomination forms will be considered. The original nomination packet, to include a resume, nine (9) copies of the packet and one (1) 5 x 7 black and white **professional** head shot photograph of the nominee, must be mailed to: Women's History Coalition of Miami-Dade County, Inc. Attention: Woman of Impact Award Committee, P. O. Box 565307, Miami, Florida 33256. Note: **The form is incomplete without the required photograph and will NOT be accepted.**

Absolutely postmark date is **Friday, December 9, 2016**. Nomination packets postmarked after that date will not be considered for the 2017 Award; but, will be considered in the following year. For further information, please contact Dr. Helen L. McGuire, 305-242-6293.

I. Name of Nominee: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell \_\_\_\_\_ E-mail: \_\_\_\_\_  
Indicate the number of years the nominee has lived in Miami-Dade County. \_\_\_\_\_

II. Sponsor (check as applicable):  
 Self-nominated  
 Nominated by an Individual (See Below)  
 Nominated by an Organization (See Below)

III. Name of Sponsor (Individual/Organization): \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_



Criteria for selection:

1. Nominee must have made significant contributions to the development and enhancement of women and the citizens of Miami-Dade County, Florida. (**Beyond career requirements.**)
2. Nominee must have made a major impact in the community.
3. Nominee must have lived in the Miami-Dade area for a minimum of ten years.

Nomination Form and Packet Procedures:

1. Fill out the Nomination Form completely (on-line or typed), submit hard copy original of the Nomination Form, and attach a resume for biographical purposes.
2. If needed, you may attach up to two additional pages for completion of all responses (maximum of seven (7) pages per packet); inclusive of Nomination Form, resume, and attached response page(s).
3. Include one (1) 5 x 7 black and white **professional** head shot photograph of the nominee (if selected, a Jpeg copy of the nominee's picture must be submitted). The photograph must only be a head shot of the nominee. No other person(s) should be in the photograph.
4. Send the original and nine (9) copies of the completed nomination packet to the Women's History Coalition of Miami-Dade County, Inc., Attention: Woman of Impact Award Committee, P. O. Box 565307, Miami, Florida 33256.
5. Mail the **entire nomination packet** by the **postmark date: Friday, December 9, 2016.**

Nomination Specifics and Contributions:

1. In what **specific ways** do you feel the nominee has made contributions worthy of her consideration for the Woman of Impact Award?

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2. What have been the nominee's **major contributions** to women in Miami-Dade County?

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3. What was the impact of the nominee's **overall contributions** to Miami-Dade County?

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References: List three persons who may be contacted and know the nominee's work.



- 1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ E Mail: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ E Mail: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ E Mail: \_\_\_\_\_

**Important Reminders:**

Complete and submit the Woman of Impact Award XXIX – 2016 Nomination Form (hard copy three (3) pages). Attach a copy of the nominee’s resume (maximum two (2) pages). Submit additional response page(s) (maximum two (2) pages), as needed. Note, the original nomination packet must be fully completed and is limited to a total of seven (7) pages. Mail the **original** and **nine (9) copies** of the nomination packet with **one (1)** 5 x 7 black & white professional head shot photograph of the nominee to: **Women’s History Coalition of Miami-Dade County, Inc., Attention: Woman of Impact Award Committee, P. O. Box 565307, Miami, Florida 33256.** The **entire** nomination packet **must be postmarked** by **Friday, December 9, 2016.**

