

## **WYOMING WOMAN OF DISTINCTION 2010 NOMINATION INSTRUCTIONS**

The Wyoming Council for Women's Issues (WCWI) is accepting nominations for its Wyoming Woman of Distinction award for 2008 until **March 31, 2010**. This is a "once in a lifetime" award and any or all of the following attributes should be considered when submitting a name for consideration:

- Nominee should have had an impact on women and/or families in the educational or employment sector.
- Nominee should have had an impact on women and/or families in community outreach.
- Nominee should have had an impact on women and/or families in health and wellness concerns.
- Nominee should have had an impact on women and/or families in legal issues.

Any person or group may submit a nomination by sending a completed nomination form and materials listed below to the WCWI office. Additional forms are available from the WCWI web site, from any WCWI member, or you may photocopy this form. Nominees will be honored at a special ceremony in late summer or early fall. The nominee chosen as the Wyoming Woman of Distinction will be asked to supply a photograph.

### **Materials To Be Submitted With Nomination Form:**

- One (1) page summary of the nominee's contributions towards any or all of the above attributes.
- Three (3) character and/or work/community letters of reference with full contact information.
- One (1) page biographical sketch of the nominee.
- Other supportive materials may be included that provide examples or additional information.
- All materials should be legible.

The person(s) submitting the nomination will receive acknowledgment from the WCWI of receipt of their nomination package by e-mail. If notification by regular mail is preferred, please submit a stamped, self-addressed post card with the nomination package.

**WYOMING WOMAN OF DISTINCTION  
2010 NOMINATION FORM**

**NOMINEE INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

**PERSON(S) SUBMITTING NOMINATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

**RETURN THIS FORM AND ACCOMPANYING MATERIALS  
BY MARCH 31, 2010 TO:**

**WYOMING COUNCIL FOR WOMEN'S ISSUES  
c/o WYOMING BUSINESS COUNCIL  
214 WEST 15<sup>TH</sup> STREET  
CHEYENNE, WYOMING 82002**