

FLORIDA COMMISSION
ON THE STATUS OF
WOMEN

2016
FLORIDA ACHIEVEMENT
AWARD
NOMINATION FORM



NOMINATION PERIOD:
MAY 1, 2016 - JUNE 30, 2016

FLORIDA COMMISSION ON THE
STATUS OF WOMEN
107 WEST GAINES STREET
TALLAHASSEE, FL 32301
(850) 414-3300
WWW.FCSW.NET



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May 1, 2016

Dear Interested Parties:

On behalf of the Florida Commission on the Status of Women, I am pleased to announce the opening of the 2016 nomination period for the Florida Commission on the Status of Women's (FCSW) Florida Achievement Award. The Commission will recognize meritorious women who have improved the lives of women in Florida and/or who have served as positive role models for women and girls in their communities. Nominees selected to receive the FCSW Florida Achievement Award will be honored during the Commission's 3rd Quarterly meeting to be held September 23, 2016 in Gainesville, FL.

The Florida Commission on the Status of Women invites you to participate in nominating a meritorious person deserving of recognition for service to your community. Nominations may be made in two categories: 1) nominees over the age of twenty-five; and 2) nominees age twenty-five and under. The selection process and criteria for nominees is specified in detail on the enclosed form. Nominations must be **received in the Commission office by June 30, 2016 at 5:00 p.m.**

If you have any questions regarding the FCSW Florida Achievement Award, please contact the Commission office at 850-414-3300. Thank you in advance for your nomination. It is your input that enables us to recognize exemplary community service, and to educate the public on their significant accomplishments.

Sincerely,

A handwritten signature in black ink that reads "Wenda Lewis".

Wenda Lewis
Awards & Recognition Committee Chair

NOMINATION

FCSW Florida Achievement Award

The Florida Commission on the Status of Women would like to recognize meritorious persons who have improved the lives of Florida women and families and/or who serve as positive role models for women and girls in the state of Florida.

Nominee's name: _____ Date of birth: _____

Address: _____ E-mail: _____

City: _____ Zip: _____ County: _____

Nominator Information:

Nominator's name: _____

Mailing address: _____

Telephone: Home: _____ Work: _____

Fax: _____ E-mail: _____

Award Criteria:

- Anyone (person or organization) may make nomination
- Nominees must be Floridian either by birth or by permanent residency and domicile
- Nominees must be living
- Nominations must be received in the Commission office by close of business on June 30, 2016.
- The following criteria are utilized in reviewing and judging the nominations:
 1. The nominee gives freely and unselfishly by volunteering her or his time to community activities;
 2. The nominee inspires others and acts as a role model;
 3. The nominee has a positive impact on the direction and success of community projects, programs or individuals;
 4. The nominee improves the lives of others.

Send this original nomination form and any supporting documents along with **two additional copies** to the address below. In addition, please include the **single original copy** of the Contact/Nominee FDLE Background Check Information form. To ensure the nominee's security and privacy, do not include more than the original Contact/FDLE Background Check Information form.

Nominations may also be submitted electronically by e-mail to achievement@fcsw.net. Please include all portions of the nomination in .pdf format. Call the Florida Commission on the Status of Women Office at 850-414-3531 with questions.

Nominations must be received in the Commission office by close of business June 30, 2016.

Nomination form must be filled out completely for consideration.

Florida Commission on the Status of Women
107 West Gaines Street
Tallahassee, Florida 32301
Phone (850) 414-3300, Fax (850) 921-4131, Website: www.fcsw.net



The Florida Commission on the Status of Women will award certificates of achievement each year upon approval vote of the full Commission. Personal information on the nominee is confidential and requested for the purpose of conducting Florida Department of Law Enforcement background check. All materials accompanying the application form become the property of the state of Florida and cannot be returned. They will be forwarded to the Florida State Archives, R.A. Gray Building, Tallahassee.

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Attach additional sheets as necessary.

1. Please provide a brief description of the volunteer community service performed:

2. Please provide a brief description of how the work done by the nominee and her leadership capabilities positively impacted the lives of others:

3. Please describe any significant achievements, awards or formal recognition for her community service:

In addition to this completed nomination form, please attach a narrative statement of no more than 500 words, which describes the nominee's voluntary community service activities. Supplementary material that support or enhance this nomination may be submitted, but are not required. Submitted materials will not be returned.

Please provide two references from individuals who are knowledgeable of the nominee's achievements and character, and are from the community served.

References:

Name: _____

Phone: _____

Organization: _____

Email: _____

Address: _____

Name: _____

Phone: _____

Organization: _____

Email: _____

Address: _____

Improving the lives of Florida women and families.

Florida Commission on the Status of Women Florida Achievement Award

CONTACT INFORMATION & NOMINEE FDLE BACKGROUND CHECK INFORMATION

Personal information on the nominee is confidential and requested for the purpose of conducting Florida Department of Law Enforcement background check.

Nominee Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number : _____

Birth Date: _____ Marital Status: _____

Nominator Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship to Nominee: _____

For questions or comments please contact:
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