

NOMINATE a WOMAN of DISTINCTION

Women of Distinction recognizes and celebrates the achievements of women. This annual fundraising event supports YMCA-YWCA of Guelph programs for teens, women and their families in Guelph – Wellington County.

To nominate an exceptional woman, just follow these 3 easy steps.

NOMINATIONS DUE: JANUARY 21ST

STEP 1 SELECT AN AWARD CATEGORY

ARTS & CULTURE

PUBLIC SECTOR

HEALTH, WELLNESS & RECREATION

BUSINESS, LABOUR, THE PROFESSIONS & ENTREPRENEURS

SCIENCE, TECHNOLOGY & RESEARCH

YOUNG WOMAN OF DISTINCTION

EDUCATION & TRAINING

VOLUNTARY COMMUNITY SERVICES

LIFETIME ACHIEVEMENT

This honour may be awarded in any category (except Young Woman of Distinction). The Lifetime Achievement Award will be based on years of achievement rather than age.

STEP 2 TELL US ABOUT THE NOMINEE

DESCRIBE THE NOMINEE'S ATTRIBUTES & ABILITIES

- Contribution as a Role Model for Other Women
- Contribution to the Well-being of the Community
- Individual Achievement

For more details and examples visit:
www.guelph.org/womenofdistinction

INCLUDE LETTERS OF SUPPORT

Please provide two to four letters of support (in addition to the Statement of Nomination). The letters should refer to your nominee by name, to her accomplishments, and to the YMCA-YWCA of Guelph Women of Distinction Awards.

PROVIDE CURRENT RESUME

Please provide a current copy of your nominee's resume or an abbreviated CV or biography (not to exceed 8 pages).

STEP 3 CONTACT INFORMATION

NOMINATOR'S INFO Two nominators are required for all nominations. Please print.

Nominator #1 - Name: _____

Nominator #2 - Name: _____

Address: _____

Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Tel. (H): _____

Tel. (H): _____

Tel. (W): _____

Tel. (W): _____

Email: _____

Email: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

NOMINEE'S ACCEPTANCE

Nominee's Name (Ms./Dr./Rev./Other): _____

NOMINEE'S ACCEPTANCE (Please read and sign below)

Address: _____

I have read the information contained herein, certify it to be true and correct in its entirety, and hereby allow my name to stand for nomination. I agree with the Mission of the YMCA-YWCA of Guelph. I consent to publication of my photograph and information from my nomination package. I understand that all nominations (unless chosen as Category Recipients) will be reconsidered the year following the initial nomination year.

City: _____ Postal Code: _____

Tel. (H): _____

Nominee's Signature: _____

Tel. (W): _____

Date: _____

Email: _____

Nominee's Date of Birth: _____

(Young Woman of Distinction only)

Women
of distinction™

The YMCA-YWCA of Guelph is a registered charity. Charitable Registration No: 11930 6942 RR 0001

YMCA-YWCA
OF GUELPH

ELIGIBILITY

NOMINEES MUST:

- have contributed significantly to the advancement of women and the quality of life in Guelph or Wellington County, but need not be residents.
- be 16 years of age or older.
- agree with the YMCA-YWCA of Guelph's mission of building strong kids, families and communities through lifelong growth in spirit, mind and body.
- consent to nomination by signing the Nomination Form (other side).

IN ADDITION:

- previous nominees may be re-nominated.
- past award recipients may be re-nominated in a different category, or in the same category with the purpose of being a lifetime recipient.
- women who currently hold elected public office are not eligible for nomination.

- nominees and nominators may not be current Y staff, members of the Board of Directors, or volunteers serving on any Women of Distinction committee.
- there is no provision for posthumous nominations.

SUBMISSION RULES

ALL SUBMISSIONS MUST BE:

- typed on white, 8.5" x 11" paper, single-sided
- no staples, binders or folders – paperclips only
- no appendices, newsclippings, videos, etc.
- an abbreviated version of CV

* Please retain a copy of the nomination form and materials for your future reference and possible re-submission.

NEED HELP?

Nominator workshops are scheduled in November. For more information or for sample nomination packages, please call the YMCA-YWCA at 519.824.5150 or visit: www.guelphy.org/womenofdistinction.

OUR ADDRESS

Please mail or drop-off completed submissions at:

Guelph YMCA-YWCA
130 Woodland Glen Drive
Guelph ON N1G 4M3

Tel: 519.824.5150
Fax: 519.824.4729
www.guelphy.org



SELECTION

Selection will be based entirely on the submissions received. As a nominator, it is your responsibility to provide the information reflecting the achievements of the nominee and to draw out their exceptional nature. Be thorough and factual.

The Nomination Package of each nominee will be reviewed by the Nominations Committee, who may contact nominators for clarification or consultation should they believe that an alternate category more accurately reflects a nominee's background and achievements.

Incomplete submissions or additional information, such as articles, photos, videos, etc. will NOT be considered.

Recipients will be chosen by consensus in each category by Selection Panels, consisting of community volunteers who represent a variety of interests, experience and community involvement. The decisions of the Selection Panels are confidential and final.

WOMEN OF DISTINCTION ALUMNAE

Since 1996, over 400 women from Guelph and Wellington County have been recognized for their achievements, their mentorship of women and young women, and their contributions to the community. Past nominees and recipients are now members of this elite and important alumnae group.

The purpose of our Women of Distinction Alumnae Program is to give nominees and recipients, the opportunity to reconnect and network with each other as well as collaborate on other initiatives that affect women and young women in our community.

If you are a past recipient or nominee of the Women of Distinction and would like to be involved, or to stay informed, in the Alumnae group, please call the Guelph YMCA-YWCA. The leadership and passion of all nominees and recipients will continue to inspire girls and women in our community.



SUPPORT

The Teenage Parents Program (TAPPS) and Women in our Community

I WOULD LIKE TO HELP BY:

- Donating to the Teenage Parents Program
- Purchasing tickets for women who would benefit from the evening but who otherwise could not afford to attend.



Name : _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel. (H): _____ Tel. (W): _____

Amount: \$ _____ VISA MasterCard Cheque

Card # : _____ Expiry Date (mm/yy): _____

Signature: _____

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