



## ATHENA AWARD NOMINATION FORM

of Delta County

### NOMINEE

Name \_\_\_\_\_  
Title or position \_\_\_\_\_ Company \_\_\_\_\_  
Business address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Business phone ( ) \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

### NOMINATOR

Signature of nominator \_\_\_\_\_ Printed name of nominator \_\_\_\_\_  
Company name \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

*Please complete **each** of the following sections. You may use separate paper if you wish.  
Attach this cover sheet to your nomination documents.*

### ASSISTS WOMEN IN REACHING THEIR FULL LEADERSHIP POTENTIAL:

Provide specific examples of how the nominee has demonstrated support for the advancement and leadership development of business and professional women.

### BUSINESS ACCOMPLISHMENTS

List special recognitions, projects and achievements. Include business-related affiliations, directorships, trusteeships or other designations.

**COMMUNITY SERVICE**

Describe local, state and national level participation, length of service and offices held in civic and service organizations, charitable activities, political pursuits, religious groups, chambers of commerce, merchants' associations, etc.

**OTHER MEMBERSHIPS, ACHIEVEMENTS, AWARDS, PUBLICATIONS:**

Nominees may already have been honored for service to their profession, industry or community. They also may have publications to their credit or articles published supporting their service to their profession, industry or community. Please list awards and honors received which support this nomination:

**ADDITIONAL INFORMATION PERTAINING TO CRITERIA:**

Discuss briefly any additional factors you feel are important for consideration of your nominee for the ATHENA Award.

**RETURN COMPLETED FORM TO:**

ATHENA Committee  
c/o Delta County Area Chamber of Commerce  
230 Ludington Street  
Escanaba, Michigan 49829

**SUBMISSION DEADLINE:** August 31