



ATHENA AWARD

Sponsored by Heritage Corner Health Care Campus

2018 NOMINATION FORM

The Athena Award Program celebrates the potential of all women as valued members and leaders of the community and recognizes those who support them.

THE CRITERIA

ATHENA Award Recipients are individuals (male or female) who:

- Actively Mentor, Support and Develop women in realizing their full leadership potential.
- Demonstrate excellence, creativity, and initiative in their business or profession.
- Provide valuable service by contributing time and energy to improve the quality of life for others in the community.
- ATHENA recipient must meet each of these three specific criteria.

Today's Date _____

NOMINEE:

Mrs./Ms/Mr. _____ Title or Position _____

Company _____ Business Address _____

City _____ State/Province _____ Zip _____ Work Telephone (____) _____

Home Telephone (____) _____ Facsimile (____) _____ E-mail _____

NOMINATOR:

Mrs./Ms/Mr. _____ Company Name _____

Work Telephone (____) _____ Home Telephone (____) _____

Facsimile (____) _____ E-mail _____

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Please use back of this form or clearly identified attachments.)

- 1. Actively Mentor, Support and Develop women in realizing their full leadership potential.**
Provide specific examples of how the nominee has mentored and demonstrated support for the advancement and leadership development of women.
- 2. Demonstrate excellence, creativity, and initiative in their business or profession.**
List special recognitions, projects and achievements. include professional affiliations, directorships, trusteeships or other designations.
- 3. Provide valuable service by contributing time and energy to improve the quality of life for others in the community.** 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 services to their profession, industry or community. Please list awards and honors received which support this nomination.
- 4. Discuss briefly any additional factors you feel are important for consideration of your nominee for the ATHENA Award.**

Return form to: Athena Nominating Committee
Chamber of Commerce PO Box 31,130 South Main Street, Bowling Green, OH 43402
Or fax 419-353-3693 by December 18th.