

2021 ATHENA AWARD NOMINA-TION FORM

Your health deserves a partner.

NOMINEE:	Name:	
	Title or Position/Company:	
	Business Address:	
	Work Phone:	Cell:
	Email:	
NOMINATOR: Name:		
	Company/Organization:	
	Phone:	Email:

NOMINEE PLEASE ANSWER COMPLETELY THE FOLLOWING QUESTIONS:

I. PROFESSIONAL LEADERSHIP

Provide specific examples of how the nominee has demonstrated excellence, creativity and initiative in their business or profession.

II. COMMUNITY LEADERSHIP:

Provide specific examples of how the nominee provides valuable service to improve the quality of life for others in their community. Include type and length of service in civic and service organizations and initiatives.

III. PERSONAL LEADERSHIP/ MENTORSHIP:

Provide specific examples of how the nominee has actively assisted women in achieving their full leadership potential, and/or demonstrated support for their personal and professional advancement.

IV. ADDITIONAL INFORMATION PERTAINING TO CRITERIA:

Include any additional information you feel is important for consideration of your nominee. Include awards, honors, publications, articles and/or testimonials that demonstrate service to their profession, community, and, most importantly, aspiring and established women leaders.

Return completed application by October 8th, 2021

Greater Hazleton Chamber of Commerce
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