



**2025 ATHENA AWARD  
NOMINATION FORM**

part of **Jefferson Health**

**NOMINEE:** Name: \_\_\_\_\_

Title or Position/Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**NOMINATOR:** Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be completing the application You or the nominee ( please circle one )

**THE APPLICATION ARE REVIEWED BY ATHENA COMMITTEE BASED ON**

**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 nomination by Friday March 21, 2025**

**Greater Hazleton Chamber of Commerce**

**Attn: 2025 Athena Award**

**Citiscap, 8 West Broad Street—Suite M 1490**

**Hazleton PA 18201P: (570) 455-1509**

**or email to Mary R. Malone: mmalone@hazletonchamber.org**