|  |  |
| --- | --- |
| The Commonwealth of Massachusetts  2024 Deborah SampSon Nomination APPLICATON  *Massachusetts Woman of the Year* | The Deborah Sampson Award proudly recognizes a Female Veteran who has gone above and beyond to serve her fellow Women Veterans throughout the year. The Deborah Sampson Award is presented to the recipient at the annual Women Veterans Appreciation Day Ceremony. |
|  |  |

|  |  |  |
| --- | --- | --- |
| WVN Logo | | Deborah Sampson Award  Official Nomination Form  Deadline for nominations is **April 26, 2024**  Any nominations received after this date will not be reviewed |
|  | **Name of Nominee:** | |

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Last Name |  | First Name |

|  |  |
| --- | --- |
| Nominee’s Address: | Click or tap here to enter text. |
| Nominee’s Telephone: | Click or tap here to enter text. |
| Nominee’s Email Address: | Click or tap here to enter text. |

|  |
| --- |
| **Use the next page of this form to complete the questions below.**  **Please note that the more information you provide the better we can evaluate your nominated candidate.** |

The nominee must be a woman who resides in Massachusetts. The nominee must have served on active duty for the U.S. Military, Reserves or National Guard. It is essential to include answers to the following:

1. Provide an overview of the nominee’s military service, awards and pioneering efforts for women in the military.
2. Describe any personal sacrifices or hardships the nominee endured in order to serve the military.
3. Please specify the nominee’s accomplishments toward the enhancement of female veterans through community service and participation in veterans’ organizations.
4. Why does this nominee merit special recognition as an Outstanding Woman Veteran? Please be specific.

Please provide a written explanation of why you nominated this person. You can enter this information on the next page of the nomination form, or in an attached document.

|  |
| --- |
| **Nominator’s Information** |

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Return nomination form to Women Veterans Network** | | |
| **Mail**  **Executive Office Veteran Services**  Women Veterans Network  600 Washington Street, 7th Floor  Boston, MA 02111 |  | **Email**  EOVSWomenVets@mass.gov |

|  |
| --- |
| For more information call 781-308-9682 or email:[**susan.mcdonough2@mass.gov**](mailto:susan.mcdonough2@mass.gov) |

|  |  |
| --- | --- |
| Name of Nominee: | Click or tap here to enter text. |

|  |
| --- |
| **Reason for Nomination** |
| Click or tap here to enter text. |