

2017 ATHENA Award Nomination Form

Return by **July 7, 2017**



An ATHENA Award nominee:

- ◇ Is an **established leader** and **mentor** who assists women in reaching their full potential.
- ◇ Demonstrates excellence, creativity, and initiative in their business or profession.
- ◇ Devotes time and energy to improve the quality of life for others in the community.
- ◇ Exhibits the spirit of regional collaboration.
- ◇ Lives and/or works in Ottawa, Allegan, or Muskegon County.

An ATHENA Young Professional Nominee:

- ◇ Is an **emerging leader** who demonstrates excellence, creativity and initiative in their business or profession.
- ◇ Serves as a **role model** for young women personally and professionally.
- ◇ Is **40 years old or younger**, and has a minimum of five (5) years professional experience.
- ◇ Provides valuable service to improve the quality of life for others in the community.
- ◇ Lives and/or works in Ottawa, Allegan or Muskegon County.

AUTHENTIC SELF * CELEBRATION & JOY * COLLABORATION * COURAGEOUS ACTS * FIERCE ADVOCACY * GIVING BACK * LEARNING * RELATIONSHIPS

To submit a name for nomination you must complete the form below. Please type or print clearly. This is the **first** step in a **two-step** process. A web form and a downloadable PDF version are available on the Chamber's websites:

muskegon.org | grandhavenchamber.org | westcoastchamber.org

Individuals submitted for nomination will be asked to complete a Nominee Information Form should they wish to be considered a finalist for the 2017 ATHENA or ATHENA Young Professional Award.

Nominee Information Forms submitted by July 28 will be reviewed by a Selection Committee made up of community leaders. The recipients will be selected from the finalists for each award and will be announced at the ATHENA Luncheon on **Tuesday, October 3.**

I would like to nominate the following person for the **(choose one)**

ATHENA Award

ATHENA Young Professional Award

Nominee's Name _____ Phone _____

Company _____ Title _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

Write 1-2 sentences indicating why you feel this nominee meets the ATHENA criteria:

Please include your name and contact information: (*Nominator Information*)

Nominator's Name _____ Phone _____

Company _____ Title _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

RETURN COMPLETED FORM TO: Lakeshore ATHENA® Award Program, c/o the Muskegon Lakeshore Chamber, 380 W. Western Ave., Suite 202, Muskegon, MI 49440 pshafer@muskegon.org p 231.722.3751 | f 231.728.7251

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