

2019 ATHENA Award Nomination Form

Return by June 24, 2019



A T H E N A
on the Lakeshore

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 North Ottawa 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 North Ottawa or Muskegon County

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

To submit a name for nomination, please complete the form below or the web form which is available on the Chamber's websites:
muskegon.org/about/committees/athena-on-the-lakeshore/ or grandhavenchamber.org/chamber-signature-events/

This is the first step in a two-step process. Nominated individuals and their nominators will be mailed a Nominee Information Form which must be submitted by July 15, 2019, for a nominee to be considered as a finalist for the 2019 ATHENA or ATHENA Young Professional Award. The Nominee Information Forms will be reviewed by a Selection Committee made up of community leaders. Recipients will be selected from the finalists for each award and will be announced at the ATHENA Luncheon on Tuesday, October 1, 2019 at the Spring Lake Country Club .

ATHENA Award

ATHENA Young Professional Award

Nominee's Name: _____ Phone: _____

Company: _____ Title: _____ Email: _____

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: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

RETURN COMPLETED FORM TO: 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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