**2025 Nomination Form**

Please read the following carefully to ensure that you understand the criteria and nomination process (note you must download this form and email or drop off at SCF); understanding that your nominee meets the Sarnia Community Foundation (SCF) Vision and Values:

SCF Vision - *A vibrant, inclusive, livable Lambton County*

SCF Mission - *Granting charitable causes by growing and managing funds that will make a difference* forever.

**The nomination process is three-fold**

1. Please provide specific examples of the three questions below. **Do not exceed 180 words per question** (slightly less than ½ page).
2. Please provide a brief biography (120 words that includes the most important facts and accomplishments from the nominee’s life).
3. Please provide the names of two individuals from the community who will support your nominee. Please ensure that contact information is included and that the references are aware that they will be contacted. Photos, tapes and video recordings will not be accepted. Letters of support (as well as this nomination) SHOULD NOT come from the nominator or family members of the nominee.

**NOMINATION CRITERIA**

The Women of Excellence Committee will make its decisions based on the criteria listed below.

**1. What are the nominee’s unique and outstanding achievements? (Unique, Innovative, Breaks New Ground and aligns with SCF Vision; maximum five points)**

* Displays originality, innovation, and excellence in many facets of their life and career. Excellence should mean unique and exemplary
* Breaking new ground or old barriers
* Making a distinct and describable difference in people’s lives or community as a whole
* The impact of their achievements goes beyond their field of employment or sphere of influence

**2. How has the nominee contributed to the well-being of the community? (contributions to community, maximum ten points)**

* Contributions which enhance her community in any way such as socially, economically, or culturally
* Being an agent of change either within her community or the world at large
* Affiliation and participation with community organizations Volunteer work and/or employment

**3. How has the nominee contributed as a role model? (role model to others and aligns with SCF Values; maximum five points)**

* Has enriched or enabled others by virtue of involvement with, or the influence of this candidate.
* Demonstrated vision and pioneering spirit in the advancement of the community and our quality of life.
* Educates, supports and encourages successors, colleagues and peers.
* Demonstrated qualities such as leadership, good interpersonal relationships, academic excellence and the like

Nominations should be forwarded to the SCF office 109 Durand Street by mail or emailed office@sarniacommunityfoundation.ca by April 4th, 2025

For assistance or further information please contact the office at 519 332 2588

Keep in mind that the nominee must:

* Be 18 years of age or older at the date of nomination,
* Live and work within the Sarnia Lambton region at the time of nomination.
* Not be a current Sarnia Community Foundation Board of Directors, committee or staff member.
* Not be involved in the preparation of the nomination.
* All nominations, the information submitted, and the deliberations of the Women of Excellence Committee will be treated confidentially.

**2025 Sarnia Community Foundation Women of Excellence Award**

**Nominee name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should nomination be successful, SCF will contact this individual as follows.

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE: \_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATOR INFORMATION (***Please print clearly if filling form out by hand*.)

YOUR NAME: (Individual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROVINCE: \_\_\_\_\_\_\_\_POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATOR’S DECLARATION**

I hereby declare that the information contained in this nomination is true to the best of my knowledge.

Nominator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**Information included as a separate document:**

* Nominee profile
* Nominee Bio
* Names and contact information for 2 references