Women of Distinction Leadership Award Cover Page

My contact inforr	nation					
Nominator's Name:		Email:				
Mobile/Home Phone Number:		Work Phone Nur	Work Phone Number:			
Street Address:		City:	State:	ZIP:		
Employer:	Title:					
Contact informati	ion of the person I am	n nominating:				
Nominee's Name:		Email:	Email:			
Mobile/Home Phone Number:		Work Phone Number:				
Street Address:		City:	State:	ZIP:		
Employer:	Title:					
Distinction Leader	WCA's mission to elim	inate racism and empowe reflect the rich diversity of l or ethnic group with whi	of the Dane County co	mmunity. Please help us t	0	
☐ American Indian or Alaska Native			\square Native Hawaiian or Asian Pacific Islander			
\square Asian			☐ White			
\square Black or Af	rican American		\square Please note if nominee identifies differently than			
☐ Latina or Hispanic			the options above:			
What additional (underrepresented po	oulations (if any) does the	e nominee represent?			
Is the nominee av	ware that you are nor	ninating her? Yes	□ No			
Nomination Type:	☐ Written	☐ Audio/Video				
☐ I am submit ☐ I am submit	pleted all fields of the ting a support form co ting the cover page w	ompleted by another indiv		I not be returned to me.		
Audio/Video Subm	ission Checklist:					
	•	ner individual in the creati ner individual other than r		submission OR submitted	a t	
• •		ith the link to the nomina	•			
		oide desdie est est		_		
□		video/audio submission	a in aboutable			
	aueu the materiais and	d submitted the link per th	ie instructions.			