

**WOMEN OF VISIONARY INFLUENCE, INC**  
**NOMINATION FORM**

**MENTOR OF THE YEAR**

(Previous WOV, Inc. Mentor of the Year recipients are ineligible.)



Please complete the following application along with your written explanation on page two. You may also include photos and examples of your nominee's accomplishments with your submission.

**Nominee Information:**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization (please use official name): \_  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Nominator Information:**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization (please use official name): \_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**On the following pages explain your reason for nomination:** Complete the six points of criteria explaining how the woman being nominated fulfills the requirement and why she should be named the WOV, Inc. Mentor of the Year recipient. Completed applications should be returned to the following: **WOVI, Inc., Mentor of the Year Selection Committee, P. O. Box 803144, Dallas, TX 75380-3144 on or before September 30.**

