

## **Marilyn J. Smith Inspirational Award**

### **Eligibility**

Candidates for the Marilyn J. Smith Inspirational Award must meet the specific criteria listed below. This is a local award and nominees must be currently active in the Washington state Deaf community.

### **Award Criteria**

Nominees must meet or exceed expectations in all five of the following criteria categories:

- Dedicated: Contributes time and energy to improve the quality of life for others in the Deaf and/or DeafBlind communities
- Visionary: Reflective on past experience to lead in the present and into the future
- Mission-Centered: Creates a compelling vision of social justice for the Deaf and/or DeafBlind communities
- Collaborative: Values the importance of collaborations both within and outside of the community
- Ability to Inspire: Has passion for their work in the community and inspires others with that passion to create change in their own communities

### **Nomination Procedures**

The nominator must submit both the application and either a letter or Vlog to ADWAS that describes a detailed account of the ways in which the nominee has shown that they meet all five criteria for the Marilyn J. Smith Inspirational Award.

A selection committee of five individuals consisting of members of the ADWAS staff, board and advisory committee will review the application and score the nominee in each of the criteria categories.

Letters/Vlogs and applications can be emailed to [adwas@adwas.org](mailto:adwas@adwas.org) or mailed to our office:

8623 Roosevelt Way NE Seattle, WA 98115



*abused Deaf women's advocacy services*

## **Marilyn J. Smith Inspirational Award Application**

*This page must be completed and submitted with letter or Vlog of support for the nominee no later than **March 31<sup>st</sup>, 2014***

Please make sure to write clear and legibly

### **Nominee Information:**

Name of Nominee \_\_\_\_\_

Address of Nominee \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nominee Phone/VP Number \_\_\_\_\_

Nominee E-Mail \_\_\_\_\_

### **Nominating Party's Information:**

Name of Nominator \_\_\_\_\_

Address of Nominator \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nominator Phone/VP Number \_\_\_\_\_

Nominator E-Mail \_\_\_\_\_

\_\_\_\_\_  
**Signature of Nominating Party**

\_\_\_\_\_  
**Date**