



*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 **February 20th, 2015 at 4pm.***

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**