



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 **Friday, September 22nd, 2017 at 3pm.***

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