



*Arizona Div of 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 16, 2020.**

Please make sure to write clearly 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**