



## Raising HOPE Celebration – 2019 Nomination Form

I wish to nominate a woman who is **Raising HOPE** for women in Ulster County.

Nominee's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Has this nominee been involved with Raising HOPE in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what capacity? \_\_\_\_\_

Please list professional, business, or volunteer organizations with whom the nominee is/has been involved.  
*(Attach resume or additional pages as needed.)*

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Please give examples of how this nominee is Raising HOPE for women in Ulster County. Tell us the story: If she helped you personally - what challenges you faced and how that helped you achieve success. Or, how is she making a difference in her community and/or for women's causes. Be as descriptive as you can. *(Attach additional pages as needed.)*

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Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

*Please be aware that not every nominee will be honored. We will notify you when honorees have been selected.*

**Please submit application & supporting documentation by April 26, 2019**

**Raising HOPE, c/o United Way of Ulster County, 450 Albany Avenue, Kingston, NY 12401.**

*For more information, call 845-331-4199 or visit [www.raisinghopeulster.org](http://www.raisinghopeulster.org).*