



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.)

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.)

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.