

# Nomination Form for Ohio Agriculture Women of the Year Awards

## Instructions and criteria for nominations for Ohio Agriculture Women of the Year Awards

This form may be typed, hand written or filled out online and printed. Mail completed and signed application form to:

**Ohio Department of Agriculture  
c/o Erin Dillon, Administration  
8995 East Main Street  
Reynoldsburg, Ohio 43068**

To access this form online, go to: [www.agri.ohio.gov](http://www.agri.ohio.gov)

If you fill out the application online and want to keep an electronic copy on your computer, use the "Save As" command under the "File" menu, and save the document to your hard drive. If you close the document without saving, your information will be lost.

### Applicants should meet the following criteria:

Age:	Must be at least 25 years of age.
Residence:	Must be a current Ohio resident and have resided in the state of Ohio for a minimum of ten cumulative years.
Experience:	Must be active in the agriculture industry with a minimum of five years' experience.
Community Service:	Must have served her community in some professional and or civic capacity.
Contribution to Agriculture:	Must have made some unique or outstanding contribution to the agriculture industry.

**SUBMISSION DEADLINE: FRIDAY, SEPTEMBER 26, 2014**

For questions, please contact Janelle Mead at (614) 387-0911 or Erin Dillon at (614) 752-4505.

# Nomination Form for Ohio Agriculture Women of the Year Awards

This form must be completed in full and signed.

Name of Person Making Nomination:

Address:

City:

State: Ohio

Zip:

Telephone:

Mobile:

Email Address:

How is the nominee known by you?

Limit: 500 Characters

Why do you feel this nominee should be chosen for the Ohio Agriculture Women of the Year Awards?

Limit: 500 Characters

## Nominee's Personal Information

1. Name:

Nickname/Preferred Name:

2. Has the nominee ever been known by another name?

Yes  No

If yes, give other name(s) and explain: (Limit 50 characters)

Limit: 50 Characters

3. Spouse's Name:

4. Children(s) Name and Age(s):

5. Residence Address:

City: County: State: Ohio Zip:  
Telephone: Mobile:

6. Business Address:

City: County: State: Ohio Zip:  
Telephone: Mobile:

7. Birth Date: Place of Birth:

8. How long has the nominee been a continuous Ohio resident? (If not continuous, then cumulative.)

9. Is the nominee currently employed in the agriculture industry?

Yes  No

If so, please describe her role:

10. List the nominee's education, special qualifications, accomplishments and/or recognitions that make her the best candidate for the Ohio Agriculture Women of the Year Awards:

Limit: 500 Characters

11. Please describe below the nominee's outstanding or unique impact or contribution to Ohio agriculture:

Limit: 500 Characters

12. Please attach **no more than THREE of the following**: any video, resumes, newspaper articles, pictures, biography or letters of support that you feel would assist the nominating committee in making their selection with regards to this nominee being chosen as an Ohio Agriculture Woman of the Year. This is not mandatory for selection, but encouraged.

---

SIGNATURE

---

DATE