



Email: info@azwhf.org

## Legacy Nomination Form

### PERSONAL INFORMATION

Date:

Nominee Name:

Nickname(s):

Maiden Name:

Place of Birth:

Date of Birth:

Place of Death:

Date of Death:

Primary Residence in Arizona:

Approximate Dates: -

Other lengthy residences:

Approximate Dates: -

### FAMILY INFORMATION (if known)

Mother's Name:

Father's Name:

Spouse's Name:

Siblings:

Children:

*If the nominee is inducted, the committee will make every effort to contact family members. Please include known living relatives and their contact information on the last page of this form.*

Ethnic Background (optional):

**CONNECTION TO ARIZONA:** Include a description of the nominee's connection to Arizona (examples: born and raised in the state, educated in state, most notable achievements in state, etc.).



## AREAS OF ACHIEVEMENT

### Outstanding Accomplishments and/or Contributions of your Nominee

*See the points below to consider when writing about the nominees accomplishments/contributions*

- How have your nominee's contributions been of the greatest value?
- Which of the nominee's achievements do you feel have (or may have) enduring value?
- How have the ideas or innovations of your nominee contributed to the development of Arizona, or its history?
- Have your nominee's efforts elevated the status of women, or opened new frontiers for women or for society in general?
- Have her involvements or efforts had a significant local, state and/or national impact? If so, explain how.
- Have her contributions brought about a change? Describe the change. Will that change likely last over time?
- Have organizations or projects she may have founded maintained their influence and value?
- How has your nominee inspired others by her example?

*Keep in mind, the above questions are criteria used by the selection committee when reviewing nominations.*



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**INVOLVEMENT IN COMMUNITY LIFE AND/OR ORGANIZATIONS**

List all known activities and/or memberships. (Examples: civic, community, fraternal and/or business organizations on a local, state, national and international level. Include dates of involvement).

**OTHER PERTINENT INFORMATION AND COMMENTS**

List items that were not specifically covered elsewhere. (Examples: notable quotations, personal anecdotes, biographical information, nominee's likes and dislikes, interests and other information that will give further insight about the nominee).

**BIOGRAPHICAL INFORMATION**

Education:

Major Employment, Occupations and/or Offices Held (if applicable):

Public or Voluntary Offices held (if applicable):

**AWARDS AND HONORS**

List all major awards and honors received and the year of recognition.



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**PUBLISHED WORKS**

List published works (books, articles, artwork, music, photography). Include the year published and co-authors, if any.

**RESOURCES USED TO COMPLETE THE NOMINATION FORM**

List all sources including personal interviews, publications, records and persons who assisted in the preparation of the nomination. List addresses if appropriate.

Additional information such as newspaper articles, awards, photographs, memorabilia, obituary notices, and so on, should be included with this form. These will become part of the files of the Arizona Women's Hall of Fame and will not be returned. If you have photographs that you would let us use but do not want to include in the nomination, please include copies of them with the nomination.

- Please check this box if there are copyright restrictions on the photo/photos you provide. If checked, please provide copyright information.

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### CONTACT INFORMATION

Does the nominee have relatives, friends or colleagues we may contact? If so, please provide a list of these people and the information requested in the space below:

Name: Address: Work Phone: Email: Relationship to Nominee:	Name: Address: Work Phone: Email: Relationship to Nominee:
Name: Address: Work Phone: Email: Relationship to Nominee:	Name: Address: Work Phone: Email: Relationship to Nominee:



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**Person(s) Submitting Nomination**

Name:	Name:
Address:	Address:
Work Phone:	Work Phone:
Email:	Email:
Relationship to Nominee:	Relationship to Nominee:
Agency you represent (if applicable):	Agency you represent (if applicable):
"I certify that the above statements and all related attachments to the nomination are true and correct."	
Signature of Nominator	Date

**RETURN COMPLETED AND SIGNED FORM TO:**

Scan to Email: [nominations@azwhf.org](mailto:nominations@azwhf.org)

Mail: AzWHF – PO BOX 44004, Phoenix, AZ 85064

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For more information or assistance with your nomination: [contact us](#).