

**TOWN OF BROOKHAVEN DIVISION OF WOMEN'S SERVICES**  
**39th Annual Women's Recognition**  
**Nomination Form**

Please review the categories listed below and submit the name of a woman who you feel has made an ***outstanding contribution in her field.***

(Please note: nominee must either live or work in Brookhaven Township)

<u>CATEGORY</u>	<u>DESCRIPTION</u>
<b>Arts</b>	Singer, Dancer, Actor, Performer, Artist, Composer, Musician, Author/Writer
<b>Business</b>	Business Owner, Manager or Employee
<b>Communications/Social Media</b>	Radio, Television, Print and/or Digital Media, Writer/Reporter, Graphic Designer
<b>Community Service Professional</b>	Professional or Paraprofessional (Paid Position)
<b>Community Service Volunteer</b>	A Volunteer in any Community Service Organization (Unpaid Position)
<b>Education</b>	Primary, Secondary, and Post Graduate Levels- Teacher, Professor, Librarian or Administrator
<b>Government</b>	All Levels, Elected & Non-Elected
<b>Health Care Providers</b>	Physician Assistant, Nurse Practitioner, Midwife, Nurse, Therapist, Social Worker
<b>Law Enforcement/ First Responders</b>	Police Officer, Law Enforcement Officer, Firefighter, EMS/EMT Provider
<b>Legal Profession</b>	Judiciary, Attorney or Paralegal
<b>Medicine</b>	Physician, Dentist or Veterinarian
<b>Military</b>	Active/Retired Members of the U.S. Armed Forces
<b>Religion</b>	Religious Professional and/or involvement in religious activity
<b>Science</b>	Scientist or any professional involved in scientific research
<b>Sports</b>	Athlete, Athletic Director, Coach or Sports Trainer

**Award Category** \_\_\_\_\_

**Nominee** \_\_\_\_\_

**Title/Position** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Nominated by** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Detailed evidence supporting this nomination must be enclosed, including:**

1. **Resume or equivalent**
2. **Two (2) letters of recommendation** to be submitted by nominee's supervisors, colleagues or by those they serve (non-family members)
3. **Demonstration of a positive impact in their community and going above and beyond in their role**

**A complete copy of this form must be filed for each nomination and must be received by the Division of Women's Services no later than FRIDAY, January 17, 2025.**

**Nominations should be mailed to:**

**Town of Brookhaven/ Women's Services, 1 Independence Hill, Farmingville N.Y. 11738**

Or fill out the online nomination form at [BrookhavenNY.gov/womensrecognition](http://BrookhavenNY.gov/womensrecognition)

**For further information, call Sharon Boyd at (631) 451-6146 or email [Sboyd@brookhavenny.gov](mailto:Sboyd@brookhavenny.gov)**