

Crohn's & Colitis Foundation

Women of Distinction Nominations Form

Application Deadline: April 30 annually

This application **MUST** be filled out in its entirety with as much specific information as possible for your applicant to be considered. Also, resumes and letters of recommendation will be accepted and are highly encouraged. Primary nominator may email all letters to Michaela Carriere mcarriere@crohnscolitisfoundation.org. We sincerely thank you for your time and effort in helping to nominate Houston's most philanthropic women to serve as champions for Houston's IBD community! If you have any questions, please contact Michaela Carriere at mcarriere@crohnscolitisfoundation.org or 713-572-2232.

Instructions for Nominators: The nominations process of the Crohn's & Colitis Foundation Women of Distinction is highly valued. At the Foundation, we care deeply about the process being honorable, equitable, and fair. The nomination scoring is broken into four (4) categories:

- Leadership: Board, Event, and Committee Leadership & Projects Managed
- Community Impact
- Leadership Qualities
- Awards and Recognition

Over the years, there has been a tremendous amount of energy and work towards creating and maintaining the selection process for the Women of Distinction. The confidentiality and integrity of the award depend on this process. As a nominator, you are partnering with us to maintain the highest standards for this nomination.

Therefore, we ask that you:

- DO inform your nominee that you would like to nominate them and confirm that they consent to fulfill all duties
- Work with your nominee to obtain the required information to properly process the nomination
- Keep the nominee's name a SECRET from anyone other than the nominee and Crohn's & Colitis Foundation staff.
- Please submit two (2) letters of recommendations along with the application

If selected, here are a few ways to support your nominee in the following ways:

- Assist with coordination of Surprise Day
- Support nominee's revenue impact (corporate sponsorship leads, invitee list building, and recognition through program ads and Fund the Cure donations in their honor)

- Sponsor or assemble a table at Winter Ball supporting the nominee
- Encourage your network and the nominee’s network to attend the celebration
- Donate to Fund the Cure and encourage others to donate
- Engage family and friends to support the nominee
- Assist with program ads placed on honoree’s behalf

If the nominee is selected, please make sure they consent to the following:

- Purchase a Winter Ball table or sponsorship; if nominee cannot purchase a table, family and friends will put together a table
- Develop invitation list and corporate or individual sponsorship list in partnership with the Foundation
- Recognize the important role of this event in supporting the IBD community and be an active advocate throughout the year of honor and beyond

At any time in this process, if you have any questions or need clarification, please do not hesitate to contact Michaela Carriere at 832-683-1651.

All entries must be made via the form

Type of Nomination (Each nominee needs a separate form filled out)

Check all that apply.

- Woman of Distinction
- Ambassador (Must have been a WOD for 5 years)

Nominee Contact Information

Name _____

Nominee's Address (Please Include: Address, City, State, Zip)

Nominee's Mobile Phone Number _____

Email Address _____

Primary Nominator's Information

Primary Nominator's Name _____

Primary Nominator's Company/Organization _____

Primary Nominator's Address (Please Include: Address, City, State, Zip)

Primary Nominator's Mobile Number _____

Primary Nominator's Email Address _____

Primary Nominator's Relationship to Nominee _____

What is the primary nominator's affiliation in the community? _____

As a nominator, please designate which of the following describes you:
Check all that apply.

- Past Women of Distinction
- Non-Profit Organization
- Crohn's & Colitis Board Member
- FDN HPEC (Healthcare Partner Engagement Committee)
- Other: _____

Secondary Nominator's Information

The secondary nominator also serves as a back-up contact to the primary nominator

Secondary Nominator's Name _____

Secondary Nominator's Company/Organization _____

Secondary Nominator's Address (Please Include: Address, City, State, Zip)

Secondary Nominator's Mobile Number _____

Secondary Nominator's Email Address _____

Secondary Nominator's Relationship to Nominee _____

What is the Secondary nominator's affiliation in the community? _____

As a nominator, please designate which of the following describes you:
Check all that apply.

- Past Women of Distinction
- Non-Profit Organization
- Crohn's & Colitis Board Member
- FDN HPEC (Healthcare Partner Engagement Committee)
- Other: _____

Leadership: Board, Events, Committees, & Projects Managed

This category is scored based on level of leadership, board positions, event involvement, committees and long-term impact made in a position within the last five (5) years.

Example: Founding an organization/program or serving on the board or a committees making a significant contribution to the community.

Please include: Dates, Organization Name, and Position Held and Amount Raised, if Applicable.

Date _____ Organization _____

Name _____

Position Held _____ Amount Raised, if applicable _____

Outcome _____

Personal Financial Support Yes No

Active Committee Involvement Yes No

Date _____ Organization _____

Name _____

Position Held _____ Amount Raised, if applicable _____

Outcome _____

Personal Financial Support Yes No

Active Committee Involvement Yes No

Date _____ Organization _____

Name _____

Position Held _____ Amount Raised, if applicable _____

Outcome _____

Personal Financial Support Yes No

Active Committee Involvement Yes No

Date _____ Organization _____

Name _____

Position Held _____ Amount Raised, if applicable _____

Outcome _____

Personal Financial Support Yes No

Active Committee Involvement Yes No

Community Impact

Other than leadership roles listed previously, please list any other significant contributions to community impact. How has the nominee's personal work and philanthropic efforts made an impact in the community?

Date _____ Organization _____
Name _____
Position Held _____
Outcomes _____

Date _____ Organization _____
Name _____
Position Held _____
Outcomes _____

Date _____ Organization _____
Name _____
Position Held _____
Outcomes _____

Date _____ Organization _____
Name _____
Position Held _____
Outcomes _____

Date _____ Organization _____
Name _____
Position Held _____
Outcomes _____

Leadership Qualities

This category is scored based on further explanation of skills not already mentioned: leadership, dedication, commitment, productivity, inspiration, vision, ethics, and integrity. Testimonials from organizations and letters of recommendation will also be considered and scored in this section.

How does the nominee demonstrate or exemplify the characteristics of a Woman of Distinction?

How is the nominee creating positive change in the community?

Does the nominee have a known mission connection to the Crohn's & Colitis Foundation? This is for internal informational purposes only and is not a selection criterion. Please ask the nominee and do not disclose personal health information without permission.

- Yes
 No
 Unknown

Awards and Recognition

This category is scored based on awards and recognition received and purpose of the award.

Date _____ Organization Name _____
Award/Recognition _____

Date _____ Organization Name _____
Award/Recognition _____

Date _____ Organization Name _____
Award/Recognition _____

Date _____ Organization Name _____
Award/Recognition _____

