



Ms. Wheelchair Pennsylvania 2021 Ambassador Nomination Form

Do you know a woman with passion, drive, and motivation to help advocate for the disability community? Does this woman happen to use a wheelchair for 100% of daily community mobility and would make a good role model for people with disabilities in Pennsylvania? Then nominate this woman to be a participant in the Ms. Wheelchair Pennsylvania Ambassador Program! We are searching for women who are passionate, dynamic, positive, articulate and who have a message to share with our state. These women deserve to be recognized and celebrated! Help us do just that....

First, please ensure that this woman meets all the requirements to be a participant stated below:

- (1) Must be a US citizen who is 21 years of age or older, (2) utilize a wheelchair for 100% of daily community mobility, and (3) must have been a resident of Pennsylvania for at least the past six months. Marital status is not a consideration.

Next, check the box below of the type of nomination that you/your organization are submitting:

FULL NOMINATION (deadline: postmarked by September 1, 2020)

I am nominating _____ to be considered for the 2021 Ambassador Program through the Ms. Wheelchair Pennsylvania Organization. I have already spoken with the applicant, and they would like to participate in this program. Enclosed is her completed application with letters of recommendation and \$150 fee.

PRE-NOMINATION (deadline: September 1, 2020)

I would like to nominate _____ to be considered for the 2021 Ambassador Program through the Ms. Wheelchair Pennsylvania Organization. I request that the Ms. Wheelchair Pennsylvania Organization send this nominee an application and inform her of her nomination. A recommendation letter for this nominee is enclosed. (Please fill out nominee section directly below)

Nominee Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

NOMINATOR INFORMATION (must be completed with every nomination)

Nominator (organization, company or person): _____

Contact person: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ **Email:** _____

Please send this nomination form and application information (optional) to:

Ms. Wheelchair Pennsylvania Organization

Attn: Barb Zablotney

PO BOX 114

Windber, PA 15963