



**MAWD CONFERENCE  
AWARDS NOMINATION FORM**

Professional    WorkForce Keystone    Collaboration

**(PLEASE CHECK NOMINEE'S CATEGORY)**

**Nominee's Name** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Position Held in Agency** \_\_\_\_\_

**Years in Workforce Development** \_\_\_\_\_

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

**Nominator's Name** \_\_\_\_\_

**Nominator's Phone Number** \_\_\_\_\_

**Nominator's E-Mail** \_\_\_\_\_

**Please complete this form and submit a letter stating why you have nominated this individual for this award.**