



**OHIO STATE COALITION  
NATIONAL COUNCIL OF NEGRO WOMEN, INC.  
2024 NOMINATION FORM**

**PLEASE PRINT OR TYPE CLEARLY**

**Forms must be received by November 3, 2024 by 5:00 pm (EST) Feel free to attach additional pages**

Name of Nominee: \_\_\_\_\_

NCNW Office or Position Being Nominated For: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Position(s) in NCNW or National Affiliate Organization: \_\_\_\_\_

Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Nominator's Preferred Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach:

- Nominee's Resume or a Statement describing the nominee's relevant experience.
- A statement describing this nominee's current or past NCNW, national affiliate, or other non-profit leadership experience. Be sure that this statement includes a listing or description of offices held by the nominee.
- One letter of reference from someone who can speak to this nominee's skill or experience or why this nominee would be a valuable addition to the NCNW leadership team.

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**Nominee Questionnaire:**

Briefly describe this nominee's strongest skills, areas of expertise, or competencies.

Briefly describe what you see as the most significant contribution (s) that this nominee could make to the OSC NCNW. PLEASE BE SPECIFIC.

Is there anything else that the Nominating Committee should know or take into consideration regarding this nominee's candidacy?