 **SAN JOAQUIN COUNTY COMMISSION ON THE STATUS OF WOMEN**

*Founded October 1974 by Beverly Fitch McCarthy*

SJCCSW · PO BOX 4443 · STOCKTON, CA 95204

**NOMINATION PACKET for the 2025**

**49th SUSAN B. ANTHONY WOMEN OF ACHIEVEMENT AWARDS**

The San Joaquin County Commission on the Status of Women created these awards in 1975

to honor women who raise the status of humankind in San Joaquin County, CA.

These instructions also apply to the Young Feminist candidate (under 30 years)

**ELIGIBILITY CRITERIA for NOMINEES**

● Have excelled in 1 of 18 categories (below) through

dedication, talent, and untiring efforts as volunteers

and/or professionals.

● Must live in and/or work in San Joaquin County*.*

**WHO MAY NOMINATE? (NOMINATORS)**

Individuals, organizations, or businesses who know and are familiar with a nominee’s outstanding contributions.

**Only one** nominee from each organization or individual.

Nominators’ tasks:

● Fill out Part I. of the Nomination Packet (a cover

letter with a brief explanation why the nominee

should receive this award in the designated

category.) Must be **signed** by Nominator.

● Have the nominee fill out Part II of the Nomination

Packet with supporting documents/material.

● Total Nomination packet must be ***no more than 12***

***pages, single sided or it will not be accepted.***

(The cover letter is part of the 12 page limit.)

● Send Nomination Packet postmarked ***before or***

**no later than *Friday, November 29, 2024* to:**

**SJCCSW, P.O. Box 4443, Stockton,9**5204

*● Awards are given based only on information*

*submitted in packet.*

● If **nominee is chosen**, your organization/individual

will designate an Event Coordinator to make

arrangements for the Awards Dinner.

**RECIPIENT NOTIFICATION**

● If notified ***Monday, December 9, 2024*** that you

are an award recipient, the Selection Committee

Chair will advise you of the next steps required to

receive your award. This verbal notification will be

followed by an email detailing each step.

**AWARD CATEGORIES (choose 1)**

\_\_ Business \_\_ Media

\_\_ Community Service \_\_ Peace

\_\_ Creative Arts \_\_ Religion

\_\_ Education \_\_ Research

\_\_ Government, Politics \_\_ Science

\_\_ Health Care \_\_ Sports

\_\_ Homemaking \_\_ Women’s Rights

\_\_ Law & Legal Services \_\_ Women’s Services\_\_ \_\_ Labor & Employment \_\_ Young Feminist

**EVENT COORDINATOR**

**●** Submit organizations/individual check for $125

to cover recipient’s dinner, silver medal and corsage,

along with 9 names of recipients’ table guests,and

their menu choices of beef, chicken or vegan. Include

one (1) check of $675 for the table ($75.each.). Send

the attached reservation form and check payable to

SJCCSW to: Victoria Shankel, 5519 Solari Ranch

Road, Stockton,95215

**FOR ADDITIONAL DINNER RESERVATION**

● Each additional table of 10, include names, menu

Choices of beef, chicken or vegan and 1 check for

$750 ($75 per person), using the attached

reservation form. **Phone number requested in case**

**there are questions regarding the reservations.**

Form can be duplicated as needed.

● Send reservation form and check payable to **SJCCSW**

to: Victoria Shankel, 5519 Solari Ranch Rd.,

Stockton, 95215

**● Send Dinner Reservation Form by January 24, 2025**

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**KEY DATES, DEADLINES**

**Friday. November 29, 2024 Nomination Packets must be postmarked on or before.**

**Monday, December 9, 2024** Awardees notified

**Friday, January 24, 2025 Reservations deadline**

**Saturday, February 15, 2025,** 49th Susan B. Anthony

Awards Dinner, Stockton Hilton, 2323 Grand Canal Blvd.

**5:00 P.M Awardees meet/reception, 6:00 P.M. Dinner,**

**7:00 PM Program**

No tickets will be sold at the door.

**MORE NOMINATIONS PACKETS or Info**

**Send email** to [orendiane@gmail.com](about:blank) or call 209-479-3724

to request electronic or mailed copy. Include your name,

organization if any, and how/where to send packet.

Welcome all, to the 49th SBA Recognition Celebration!

Sincerely,

*Diane Oren, Banquet Chair*

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1. **NOMINATING COVER LETTER**

(To be completed by the Nominating sponsor individual or organization)

**Only one nominee application will be accepted from each organization or individual**

**CANDIDATE’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category (one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominating Individual, Organization or Business:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eve. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A supporting statement/letter** from the nominating individual, organization or business as to why the candidate should receive the award in the designated category. This nominating letter must be signed and counts toward 12 pages (single-sided )total application limit. Application must be typed in New Roman font no smaller than **12 pt.** The supporting statement/letter should be attached to the nomination packet and not sent separately.

**Signature of nominator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **CANDIDATE’S STATEMENT**

(To be completed by the Candidate)

Please answer the questions as clearly and completely as possible using more pages as needed (within 12-page total Nomination Package limit.) Application must be typed using New Roman font no smaller than **12 pt**. **and signed**.

**CANDIDATE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Category (one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Day Ph / Eve Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How does your category relate to your volunteer time and/or professional**

**work?**

1. **How has your professional work contributed to raising the status**

**of humankind in San Joaquin County?**(if applicable)

1. **How have your volunteer activities directly contributed to raising the status of humankind in San Joaquin County?**
2. **Describe in detail, both personally and professionally, how you have helped to raise**

**the status of women and girls in our community? Provide examples of mentorship**

**experiences.**

**OK to attach copies (no originals) of documents supporting your category (e.g. resume, thank you notes, letters of recommendation ( Do not send separately.), newspaper clippings, and/or lists (not copies) of certificates, awards (counted toward 12 page limit).**

**Susan B. Anthony Banquet Reservation Form**

**Deadline: January 24, 2025**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Previous**  **Recipient?** | **Menu** | **Cash/Check** | **Amount paid** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

**Submit to SJCCSW c/o Victoria Shankel 5519 Solari Ranch Rd., Stockton, CA, 95215**

Submit this form, made out to SJCCSW, with your payment, one check please ($75.00 per person)

You may duplicate this form to allow for more than one table.

Organization/Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number** in case there is a question: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Honoree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received by Reservation /Seating Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_