The purpose of the Lifetime Achievement Awards is to recognize individual women who have distinguished themselves in our organization, their profession, or their community. The recipient of the Lifetime Achievement award epitomizes the values for which the Women’s Chamber stands and represents the best of who we are as women and as community partners. You can nominate yourself or someone else can nominate you. We also present an In Memoriam Posthumous Achievement Award to a woman who contributed greatly to our organization and or their community during her lifetime. Since that individual is no longer with us you will have to ask a family member; if you yourself can answer all the pertinent questions please do so. Every application must have a current Women’s Chamber member as a sponsor.

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Sponsor needs to write a letter of recommendation and submit it to the Lifetime Achievement committee electronically to cynthiagramberg.volunteer@gmail.com

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions for Lifetime Achievement Award Candidate**

1. Use the general format of the application (on page 2) to list information. See the example for types of information that may be included. If you are not sure, include it!

2. Type the application following the format identifying section letters and numbers. You may use as much paper and space as you need.

3. Type one activity, organization, office, honor, etc. per line. Double-spacing between activities would be appreciated.

4. Fill out the top and bottom of this form and submit it with your application.

You may copy the forms. For information, call Cynthia Gramberg 727-657-9422

Return the application and letter of recommendation electronically to:

Cynthia Gramberg

email to: cynthiagramberg.volunteer@gmail.com

**Applications must be received no later than November 1, 2025**

**Application Format**

**Personal Information:**

Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Years \_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section A: Professional Area**

1. Professional Organizations (List offices held, years of membership and years office held):

2. Professional recognition, honors, and awards:

**Section B: Community Involvement**

1. Civic, charitable, church, educationally connected, and community activities (list membership, activities, offices held, achievements, number of years for each):
2. Accomplishments – (individually and/or as part of a group effort):
3. Special recognition, honors, or awards for civic, community, or special interest work.
4. A Professional and/or community volunteer resume may be attached.