



State of Florida

Woman of the Year in Agriculture

Application for Nomination

Wilton Simpson
Commissioner of Agriculture





Florida Department of Agriculture and Consumer Services
Office of External Affairs

APPLICATION FOR WOMAN OF THE YEAR IN AGRICULTURE

WILTON SIMPSON
COMMISSIONER

Phone (850) 617-7700

Instructions and criteria for nominations for Woman of the Year in Agriculture

This form may be typed, hand written, or filled out online and printed. Mail completed and signed application form to:

Commissioner Wilton Simpson
Florida Department of Agriculture and Consumer Services
Office of External Affairs
The Capitol
Tallahassee, Florida 32399-0800

(850) 617-7700 Telephone

To access this form online, go to: www.FDACS.gov/AgWoman
or <https://forms.FDACS.gov/01597.pdf>

If you fill out the Application online and want to keep an electronic copy on your computer, use the "Save As" command under the "File" menu, and save the document to your hard drive. If you close the document without saving, your information will be lost.

Applicants should meet the following criteria:

Age:	Must be at least 25 years of age.
Residence:	Must be active in the agriculture industry and have resided in the State of Florida for the past ten consecutive years.
Experience:	Must have at least ten years of experience in the agriculture industry.
Community Service:	Must have served her community in some professional and/or civic capacity.
Contribution to Agriculture:	Must have made some unique or outstanding contribution to the agriculture industry.

SUBMISSION WINDOW:

The yearly submission window for nominations is **January 1 through March 1.**

APPLICATION FOR WOMAN OF THE YEAR IN AGRICULTURE

This form must be completed in full and signed.

Name of Person Making Nomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Email Address: _____

How is the nominee known by you?

Why do you feel this nominee should be chosen for the Woman of the Year in Agriculture?

Nominee's Personal Information

1. Name: _____
Dr./Mr./Mrs./Ms. First Middle/Maiden Last

Nickname/Preferred Name: _____

2. Has the nominee ever been known by another name? Yes No

If yes, give other name(s) and explain: _____

3. Spouse's Name: _____

4. Children(s) Name and Age:

5. Residence Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

APPLICATION FOR WOMAN OF THE YEAR IN AGRICULTURE

6. Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

7. Birth Date: _____ Place of Birth: _____

8. For how long has the nominee been a continuous resident of Florida?

Education

9. High School Name: _____

City: _____ State: _____

10. Postsecondary Institution:

Name/Location	Years Attended	Certificate/Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment

11. Is the nominee currently employed in the agriculture industry? Yes No

If so, please describe her role:

Special Questions (attach additional pages as necessary)

12. List any special qualifications, accomplishments and/or recognitions this nominee has received, that makes her the best candidate for Woman of the Year in Agriculture:

APPLICATION FOR WOMAN OF THE YEAR IN AGRICULTURE

13. Please describe below the nominee's outstanding or unique impact or contribution to Florida Agriculture:

14. Please attach any video, newspaper articles, pictures, biography or letters of support that you feel would assist the nominating committee in making their selection with regards to this nominee being chosen as Woman of the Year in Agriculture. (This is not mandatory for selection, but encouraged)

Signature

Date