

Minnesota Women of Today

Book of Forms

2011-2014

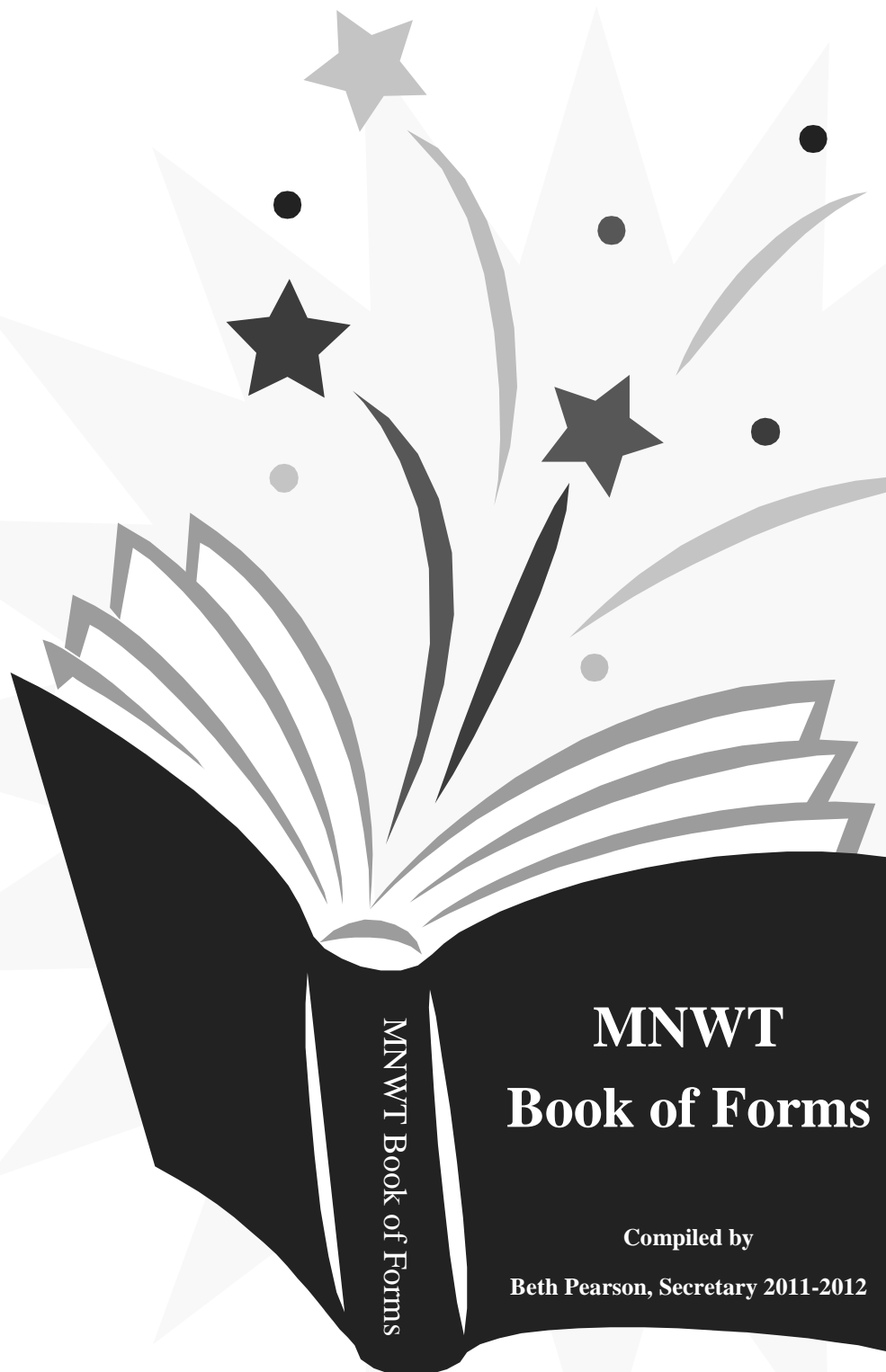


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The Book of Forms is a resource manual, designed to eliminate the duplication of forms that are often used by local Women of Today chapters. The 2011 publication is in the form of an electronic disk and distributed to each chapter. Printed books are available for purchase through the State Store or from the Ways and Means State Program manager. This book or disk should be kept in the chapter files, to be passed on to future presidents. Included are forms for certification, bids, awards and chapter management. The Book of Forms is intended to be used for three years and will be reprinted in 2014. If additional copies are needed, they may be purchased from the State Store.

- Keep in a binder, along with State Plan of Action and other manuals.
- Print any pages that you need.
- Show the Book of Forms to your successor and explain how to use it.

The Book of Forms is just that -- forms. Guidelines and programming outlines are included through other Women of Today sources, as summarized below. Information is also available through the state or national program managers, directors and officers.

State Plan of Action

Each chapter should have one copy in their chapter files; additional copies may be purchased through the State Store.

- State Staff Plans of Action
- State Calendar and Proposed Budget
- State and National Organizational Information
- Programming Information
- State Committees and Resources
- Minnesota Women of Today Foundation Information.
- Member Orientation and Installation Ceremonies
- Key Woman Award Information
- Chapter Directory
- Bylaws and Policies

Minnesota Materials

Each chapter should have one copy of all manuals in their chapter files; PE Manuals and videos were not distributed to each chapter; additional materials may be purchased through the State Store, unless otherwise stated.

- **Extensions Manual** – manual released September 2007; gives guidelines on extending a new chapter; can be obtained from the Extensions Director.
- **Gold Team Manual** – manual distributed 2010; gives guidelines for working with chapters in need of improvements in the area of chapter management and membership; distributed to GOLD team members; additional copies can be obtained from the Chapter Management Vice President and online.
- **Living and Learning Manual** – manual distributed 2008-2009; includes programming summary; activities for intellectual growth, spiritual growth, civic growth, and growth through friends and family; lists PEP courses and competition guidelines as well as provides a copy of all MN and US certification forms involved in this area.
- **Local Officer Manuals** – manuals distributed 2001-2002; includes job descriptions for all local officers.
- **Local Program and District Program Managers** – manuals distributed 2010; includes job descriptions and helpful information when holding the position of program manager.
- **Membership** – manual distributed 1993; includes information on recruitment, orientation and activation.
- **M-Night Manual** – manual distributed 2004; includes suggestions for membership night events.
- **Outstanding Awards Manual** – manual distributed 2008; includes guidelines on competition and entry requirements.
- **Personal Enrichment Manual** – manual distributed in 1993; includes guidelines and suggestions for personal enrichment projects.
- **Project Idea Book** – manual distributed 1999; includes project ideas submitted by chapters in our various programming areas.
- **Public Relations Resource Book** – manual distributed 1994; includes guidelines, press releases and information on PR.
- **Records and Recognition Manual** – manual distributed 2010; includes Project of the Trimester forms, US Project Recognition and information on individual year-end evaluations.
- **Skits And Stuff** – manual distributed 1993; a collection of fun membership ideas, from skits to songs and poems.
- **Skits And Stuff II** – manual distributed 1995; a second collection of fun membership ideas.

Personal Enrichment Programs

- *Adapting to and Living with Change* – manual published 2002
- *Communications* – manual published 1991
- *Conversation Power & Action* – video published 2000
- *Financial Management* – manual published 1986
- *Fish!* – video published 2001
- *Leadership: Team Building* – manual published 1987
- *Live Out Loud* – video
- *Lead Out Loud* – video
- *Motivation* – manual published 1999
- *Personality: Understanding You and Others* – manual published 1985
- *I Am Beautiful* – video published 2004
- *Stress Management* – manual published 1988
- *Time Management* – manual published 1992

US Women of Today Materials

Each chapter should have one copy in their chapter files; additional copies may be purchased through the National Store.

- **Buckets of Sunshine Manual** – distributed 2003; how-to run the nationwide project
- **Domestic Violence Awareness Manual** - distributed 2011; new permanent USWT External Programming Area
- **Extensions Manual & Media Kit** - distributed 1996-1997
- **Health & Wellness Manual** - distributed 2011; new permanent Internal Programming Area introduced in 2011
- **Leadership Course** - distributed 1995-1996; personal enrichment course
- **Listening Manual** - distributed 2000-2001; personal enrichment course
- **Membership Packet** - distributed 1996-1997
- **New Chapter Manual** - distributed 1996-1997
- **Operations Manual** – distributed 2003; information, forms, and procedures for the national organization and its programming areas
- **Parli-Play Manual** – distributed 2003; information concerning parliamentary procedures
- **Personal Development Manual** - distributed 2011; newly updated Internal Programming Area in 2011
- **Project Recognition Manual** - distributed 2011
- **Public Relations Manual** - distributed 1997-1998; guidelines and forms for programming area
- **Secretarial Manual** – distributed 2003
- **STEP Manual** - distributed 2011; includes all guidelines for certification and competition
- **Team Building Manual** - distributed 1996; personal enrichment course
- **Treasurer Manual** - distributed 1997-1998

Thank you to the many officers and program managers that assisted in updating and compiling this Book of Forms. Manual preparation was done by Beth Pearson, 2011-2012 State Secretary, with the assistance of Nancy Dvoracek, and Katie Castro, Executive Director. Distribution took place at Fall State Awards 2011.

Membership

GROWTH PLAN

I. Set your goals - How many members would you like your chapter to have at the end of the year? Write that number here. _____

II. Where are you starting from?

1. Write down your May base. _____
2. Look at your chapter roster or Activation/Retention Checklist. Count up the number of members due each trimester and write those numbers below.

Due Tri 1 _____ Due Tri 2 _____ Due Tri 3 _____

3. Now look at the names. Count up how many you know will renew.

Renew Tri 1 _____ Renew Tri 2 _____ Renew Tri 3 _____

4. Total the Renew Trimester numbers. _____

III. Look at the impact of renewals on your goal.

1. Subtract the Renew Trimester total from your Goal. _____
This is how many new members your chapter will need to meet your goal. You can lower this number if you renew (reactivate) more of your current members.
2. Estimate when you will get those new members. Spread them out over the 3 trimesters. (note: NMA=new member add)

NMAs Tri 1 _____ NMAs Tri 2 _____ NMAs Tri 3 _____

IV. Set some trimester goals - Check your progress every trimester!

First Trimester	Second Trimester	Third Trimester
May Base _____	Ending Base (1 st Tri) _____	Ending Base (2 nd Tri) _____
minus Due Tri 1 _____	minus Due Tri 2 _____	minus Due Tri 3 _____
plus Renew Tri 1 _____	plus Renew Tri 2 _____	plus Renew Tri 3 _____
plus NMAs Tri 1 _____	plus NMAs Tri 2 _____	plus NMAs Tri 3 _____
*****	*****	*****
equals Tri 1 Goal _____	equals Tri 2 Goal _____	equals Tri 3 Goal _____



Minnesota Women of Today

Individual

Recruiter

PLEASE TYPE OR PRINT - Submit individuals for recognition for recruiting three (3), five (5), ten (10), or more new members. Submit as soon as an individual has recruited three (3), five (5), ten (10) members, but no later than April 30. Recognition is given each trimester. Send to state Membership Vice President.

Print Name _____ Date _____

Chapter _____ District _____

Address _____

Email _____ Phone _____

New Members

Date Recruited

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		



Minnesota Women of Today

Intent to Extend

PLEASE TYPE OR PRINT - Send copies of this form to: State President; Extension Director, and District Director. Ask Extensions Director about available funding.

Date _____

The chapter of _____ (or Extension Team) has the intent to extend the town of _____ and is willing to make a commitment to assist and support the new chapter for a minimum of two years.

Date approved by chapter or Extension team _____

Who have you been approached by? _____

Have you set a meeting date (s)? _____ When? _____

Who will be organizing the first Information meeting? _____

Who will be assisting with this Extension? _____

President's Name (please print) _____

(or Extension Team Member)

Address _____ Phone (____) _____

Email _____

President's Signature _____

State Delegate's Name (please print) _____

(or Extension Team Member)

Address _____ Phone (____) _____

Email _____

State Delegate's Signature _____

Extension Chairman _____

(or Extension Team Member)

Address _____ Phone (____) _____

Email _____

Extension Chair's Signature _____

Any other pertinent information _____

Send a copy of this form to your Extensions Director.

Check if you would like to receive the Extension Manual & Extension Media Kit from the US Women of Today



Minnesota Women of Today

Chapter Management



Minnesota Women of Today

Chapter Officer Sheet

PLEASE TYPE OR PRINT - Immediately following your elections send one (1) copy of this form to your District Director and one (1) copy to the: Chapter Service Center, PO Box 44242, Eden Prairie, MN 55344

20__ - 20__

Chapter Name _____ Meeting Night _____

PO Box _____ District _____

Email address to be used for notifications to chapter _____

President _____ Phone _____

Address _____

Email Address _____

State Delegate _____ Phone _____

Address _____

Email Address _____

Internal VP _____ Phone _____

Address _____

Email Address _____

External VP _____ Phone _____

Address _____

Email Address _____

Membership VP _____ Phone _____

Address _____

Email Address _____

Secretary _____ Phone _____

Address _____

Email Address _____

Treasurer _____ Phone _____

Address _____

Email Address _____

Past President _____ Phone _____

Address _____

Email Address _____

Director (if applicable) _____ Phone _____

Address _____

Email Address _____



Minnesota Women of Today

GOLD Member Application

PLEASE TYPE OR PRINT - Return to Chapter Management Vice President

Print Name _____ Date Joined _____

Chapter _____ District _____

Address _____

Email _____ Phone _____

Phone Work _____

State, District and local positions held _____

- Are you free to travel during the year? Yes No

List distance you are willing to travel (one way) on a regular basis to work with a chapter _____

- Are you willing to make phone calls to prospective members? Yes No

- Do you intend to attend state conventions, committee meetings, District meetings, Area meetings?? Yes No (Add)

Experience pertaining to this position _____

Areas at which you do well: (Please check all that pertain)

Orientations

Planning M-Nights and Socials

Membership Recruitment

Internal Conflicts

Fundraising/Grant Writing

Problem Solving

Public Relations, Training, Mentoring, Newsletter

Social Media/Online Training

Other _____

What other passions are you willing to share? _____

Minnesota Women of Today programming areas that you are most knowledgeable about you are most comfortable training



Minnesota Women of Today

GOLD Member Visitation Request

PLEASE TYPE OR PRINT - Mail request to the Chapter Management Vice President

Chapter _____ District _____

Print Name _____ Date _____

Position _____

Address _____

Email _____ Phone _____

Is chapter president aware of this request? Yes No

Type of visitation requested

- Membership Event and Socials (M-Night)
- Membership Recruitment Ideas
- Orientation, type requested: _____
- Member Involvement and Motivation
- Personal Enrichment Course, type requested: _____
- Other, describe: _____

Comments or special information you feel the GOLD Team may need to know.

Date of visitation and two alternate dates.

Meeting information and directions.

Do you have a special request for a specific individual? If this person is not available, an alternate will be assigned. (Also include if there is someone you DO NOT want to attend.)

DO NOT WRITE BELOW THIS LINE

1. Date request received _____
2. GOLD Team member assigned _____
3. Date of GOLD Team visit _____
4. Report in from GOLD Team: No Yes, Date _____
5. General recommendation/result of visit



Minnesota Women of Today

Intent to Reactivate

Send copies of this form to: State President; Chapter management Vice President, and District Director.

The chapter of _____ has intent to reactivate the _____ chapter.

Number of miles from community _____

Is your chapter willing to make a commitment to assist and support the reactivated chapter for a minimum of two years? Yes No

Have you been approached by anyone to do this? _____ Of so, Who? _____

Have you discussed this with your district director? Yes No If not, do so immediately.

District Director _____ District Number _____

Have you set meeting date(s)? No Yes, when? _____

What is your reason for wanting to do this reactivation?

President Signature _____

Print President Name _____

Address _____

Email _____ Phone _____

State Delegate Signature _____

Print State Delegate Name _____

Address _____

Email _____ Phone _____

Reactivation Chairman Signature _____

Print Extension Chairman _____

Address _____

Email _____ Phone _____

Any other pertinent information _____



Minnesota Women of Today

Local President Monthly Report

PLEASE TYPE OR PRINT – Due to your District Director postmarked by the last day of each month.

Print Name _____ Date _____

Chapter _____ District _____

Address _____

Email _____ Phone _____

Membership

Chapter Base (May 1) _____ Membership Today _____

Recruitment

New Member Adds this month _____

What is your goal for new member adds this trimester? _____ (only complete on May, September and January reports)

Orientations Held

Date	Type	# of Members Attended	# of Guests Attended

Activation

What steps have you taken to activate members?

Retention

Number of projected renewals this trimester _____ (i.e., 2/4 renewals; provide names of renewals if known)

(Complete this information only on the May, September and January reports)

Reasons for non-renewals:

What steps have you taken to retain members?

Meetings Held

	Program	# of Members Attended	# of Guests Attended
Board Meeting			
General Membership Meeting			

Events Held

List projects, socials, orientations, speakers, etc. held.

Date	Event & Location	# of Members Attended	# of Guests Attended

Awards

List awards given by you, as president, to whom and why.

Date	Award	Presented To	Reason

Travel

List any travel during the past month to other chapters, district, state, and/or national functions, meetings or events.

Date	Event	Location	# of Members Attended

Upcoming Events

List upcoming projects, socials, orientations, speakers, programs, etc., for the next two months

Date	Event	Location

Upcoming Travel

Date	Event	Location	Reason

Concerns

List any chapter internal conflicts or problems. Please explain.

Do you have any concerns about your chapter's ability to Recruit, Orientate, Activate or Retain members?

What can executive council and/or staff members do to assist you?

Do you have any questions or concerns in the programming areas?

Do you have any questions, ideas or concerns that you would like brought to the Future Directions committee?

Other comments, concerns or requests.



Minnesota Women of Today

Local Program Manager Report

PLEASE TYPE OR PRINT - Send this copy to your State Delegate, and one copy to the appropriate District Program Manager.

Chapter _____ District _____ Trimester 1 2 3
Print Name _____ LPM ___ Other ___ Programming Area _____
Email _____ Phone _____

Internal

Certifications

Number of Individuals	Type of Certification

Chapter Certified Yes No

State Entries

Number of State Entries _____ Award _____

Number of State Entries _____ Award _____

External

Number of Persons Participating _____

Total Service Hours Worked for this Period _____

(Total Service Hours = number of hours worked x number of members working)

Money Raised/Donated _____

1. Projects, programs, or activities your chapter completed this trimester. Check this box if no activity.
2. How did you promote your area (i.e. speakers at meetings, chapter newsletter and/or local paper articles, reports at meetings, etc.)?
3. Do you have any problems, questions, or comments concerning this area?



Minnesota Women of Today

Local Program Manager Report

PLEASE TYPE OR PRINT - Send this copy to the appropriate District Program Manager.

Chapter _____ District _____ Trimester 1 2 3
Print Name _____ LPM ___ Other ___ Programming Area _____
Email _____ Phone _____

Internal

Certifications

Number of Individuals	Type of Certification

Chapter Certified Yes No

State Entries

Number of State Entries _____ Award _____

Number of State Entries _____ Award _____

External

Number of Persons Participating _____

Total Service Hours Worked for this Period _____

(Total Service Hours = number of hours worked x number of members working)

Money Raised/Donated _____

1. Projects, programs, or activities your chapter completed this trimester. Check this box if no activity.
2. How did you promote your area (i.e. speakers at meetings, chapter newsletter and/or local paper articles, reports at meetings, etc.)?
3. Do you have any problems, questions, or comments concerning this area



Minnesota Women of Today

PALS Application

PLEASE TYPE OR PRINT - Form is to be sent to the State Secretary **three weeks prior** to Annual Convention in order to participate in the PALS program for the coming year. Send in this form whether or not your chapter participated in the program last year. ****NOTE:** A chapter may apply for a PALS chapter at any time throughout the year by sending this form to the State Secretary, who will match you with a PALS chapter as soon as one becomes available.

Chapter _____ District _____

Print Contact Name _____ Date _____

Address _____

Email _____ Phone _____

Please check one of the following

We didn't have a PALS chapter last year and would like one now.

We had a PALS chapter last year and would like a new one.

Our PALS chapter was _____

We had a PALS chapter last year and would like to keep them if possible.

Our PALS chapter was _____

If you checked the first or second box above, please answer the following questions.

1. Do you want a PALS chapter within your area?

No Doesn't matter Yes, within how many miles of your area _____

2. Do you want a PALS chapter about the same size as your chapter?

No Doesn't matter Yes, Chapter Size _____

3. Does your chapter attend state meetings? Yes No Occasionally

4. Has your chapter participated in the PALS program within the past two years? Yes No

Secretary Use Only

Date Rec'd _____

Date Matched _____

PALS Chapter _____



Minnesota Women of Today

State Delegate Trimester Report

PLEASE TYPE OR PRINT - Send a copy to your District Director and Administrative Vice President by district due date. Use additional paper if more room is needed.

Print Name _____ Date _____

Chapter _____ District _____ Trimester 1 2 3

Address _____

Email _____ Phone _____

Promotion

List how you reported on district, state, and national business:

List any new ideas implemented

Travel

List any travel: to other chapters, state or district functions, meetings or events.

Date	Event	Place & Mileage	Who attended

Extensions

What is your chapter's goal for extensions?

Update/status on an extension(s) in progress or the intent to start an extension:

US Women of Today

Explain how your chapter participates

Any comments or concerns your chapter has or items that should be directed to your district director and/or the Future Directions Committee for discussion:



Minnesota Women of Today

Internal Programming			
Programming Area	Certifications / Entries	Type of Certification	Activities / Programs
Living and Learning			
NEWSLET			
Public Relations			
Records and Recognition			
Ways & Means			
External Programming			
Programming Area	Service Hours	Money Donated	Project Name(s)
Community Connections			
Priority Project Area			
Women's Wellness			
Youth of Today			



Minnesota Women of Today

MINNESOTA WOMEN OF TODAY SUCCESS SYSTEM

08/11

Chapter Name _____ Pop Div _____ District _____
 May 1 Base _____ Trimester _____ Year _____ E-mail Address of Submitter _____

				POINTS	REFERENCE	CUMULATIVE					POINTS	REFERENCE	CUMULATIVE
				PAGE NR		YTD TOTALS					PAGE NR		YTD TOTALS
MEMBERSHIP							PROGRAMMING						
A. Growth Plan: 25 pts. 1ST and 2ND SUBMISSION ONLY. Send to State Membership VP.							A. Participate in prog. areas. 25 pts/project. Limit of 100 pts per trimester. Max=300 pts.						
B. New Member Adds: 5 pts per % of May base. Claim each subm.							A1. Community Connections						
C. New Member Adds: 10 pts / NMA.							A2. Women's Wellness						
D. Monthly New Member Adds: 25 pts/month.							A3. Youth of Today						
E. In-Chapter Extensions: 50 pts each. Max=200 pts.							A4. Priority Project						
F. Renewal dues paid by trimester due date. 25 pts/sub. Max=75 pts.							A5. Living and Learning						
G. Renewals paid by early bird deadline. 25 pts/sub. Max=75 pts							Subtotal for A.(1-5)						
H. Trimester Growth: (trimester base + 1). 25 pts/sub. Max=75 pts.													
I. Growth for the year: 50 pts. 3RD SUBMISSION ONLY.							B. Participate in USWT Programming Areas						
J. Year end retention: 5 pts per %. 3RD SUBMISSION ONLY.							B1. Participate in USWT external program area. 25 pts/ submission. Max=75 pts						
K. File an intent to extend and hold informational mtg. 25 pts/chpt.							B2. Submit USWT Project Recognition - 50 pts/judging 1ST AND 3RD SUBMISSION ONLY.						
L. Extensions (7 charter members): 200 pts/chapter extended. Max=400 pts. Name of extension:							B3. STEP I: 10 pts/member. No maximum.						
M. Extension follow-up completed after 6/12/18/24 mths. 50 pts per chapter extended per anniversary date.							B4. STEP II: 10 pts/member. No maximum.						
Total for Membership							B5. STEP III: 10 pts/member. Max=120 pts.						
MEETINGS							B6. STEP IV: 10 pts/member. Max=120 pts.						
A. Representative at district meetings. 25 pts/subm. Max=75 pts.							B7. Health and Wellness: 10 pts/member. Max=120 pts.						
B. Representative at district orientation. 25 pts. 1st submission only.							B8. Personal Development: 10 pts/member. Max=120 pts.						
C. Representative at Area Meetings. 25 pts. 3rd submission only.							B9. Chapter Certification in PE Courses. 50 pts/course. Max=150 pts.						
D. Rep. at State business meetings. 25 pts/subm. Max=75 pts.							C. Living and Learning 10 pts/member. Max=120 pts.						
E. Rep. at National meetings. 25 pts/submission. Max=50 pts. 1ST & 2ND SUBMISSIONS ONLY.							D. Submit Mid-Year and Year-End Ind. Entries for Pres and State Delegate. 50 pts/entry. Max=100 pts/submission.						
F. Rep. at state study committee meetings. ACTIVE members only. 25 pts. 3RD SUBMISSION ONLY.							E. Submit at least 1 Project of the Trimester. 25 pts/entry Max=50 pts/submission, Yearly Max=150 pts/year						
G. Visitation at state study committee mtgs. 25 pts/subm. Max=75 pts.							F. Participate in State or National Competition. 25 pts/entrant Max=50 pts./trimester						
H. Representative at LOTS. 10 pts/member 1ST SUBMISSION ONLY.							G. Participate in local proj. with another volunteer organization. 25 pts./sub. Max=75 pts.						
I. Attend President/State Del. Retreat. 25 pts/member. Max=50 pts.							H. Make minimum donation of \$35 to MNWT Foundation. 25 pts/sub. Max=75 pts.						
Total for Meetings							I. Presidential Bonus: 100 pts/sub. See R&R CIP for details. Max=300 pts. Describe: _____						
CHAPTER MANAGEMENT							J. Bonus Bonanza Points: 100 pts. 1ST SUBMISSION ONLY. (See guidelines for info.)						
A. Monthly board meetings. 10 pts/meeting. Max=120 pts.							Total for Programming						
B. Establish quorum at general meeting. 10 pts/meeting. Max=120 pts.													
C. Participate in State Ways & Means projects. Minimum as in guidelines. 50 pts/sub. Describe which: _____													
D. News article submitted to Newslet. 25 pts. ONE TIME ONLY.													
E. Monthly written treasurer's report. 10 pts/meeting. Max=120 pts.													
F. Participate in a special activity with PALS chapter. 25 pts/submission. Max=50 pts.													
G. Chapter certified in WT Week. 50 pts. 2ND SUBMISSION ONLY.													
H. Chapter visitations. 25 pts/visit. Max=75 pts per submission.													
I. Reactivated chapter. As stated in guidelines. 200 pts/chapter													
J. Reactivation follow-up after 6/12/18/24 months 50 pts/chapter.													
K. Participate in In-Chapter Mid-year evaluation. 25 pts. 2ND SUBMISSION ONLY.													
L. Submit a Plan of Action and proposed local budget to District Director. 50 pts. 1ST SUBMISSION ONLY.													
M. Hold a membership event. 25 pts/submission. Max=75 pts.													
N. Hold a chapter social. 25 pts/submission. Max=75 pts.													
O. Conduct a local membership orientation (not limited to new member). 25 pts/submission. Max=75 pts.													
P. Hold a by-law study committee meeting and submit them to State Parliamentarian. 50 pts. ONE TIME ONLY.													
Q. Publish a local chapter newsletter. 25 pts/sub. Max=75 pts.													
R. Participate in an organized public relations program. 25 pts/submission. Max=75 pts.													
S. Hold a local ways & means project. 25 pts/sub. Max=75 pts.													
T. Submit Success all 3 trimesters. 100 pts. 3RD SUBMISSION ONLY													
Total for Chapter Management													

Local Chapter Membership Worksheet

B. New Member Adds: _____ divided by _____ times 500 = _____
 #NMA (May 1 base)

C. New Member Adds: _____ times 10 = _____
 #NMA

J. Year-end Retention: _____ divided by _____ times 500 = _____
 # renewed (May base)
 members for the year

DISTRIBUTION

One Copy - chapter (keep for your records) One Copy-mail to R&R SPM by due date.

Note: A complete copy of the Success System Guidelines is distributed at MNJOTS in the R&R SPM's CIP and can also be found on the MNWT website. Copies are also available from the R&R SPM or the Chapter Service Center.



Minnesota Women of Today

Minnesota Programming



Joint Ventures Award Nomination

Please return to the Community Connections State Program Manager no later than April 15 along with a cover sheet and entry fee. The Joint Ventures Award Category considers successful chapter projects which have collaborated with another community service organization to sponsor a successful community project.

Please answer the following questions in brief paragraphs (maximum of two pages).

Briefly describe the project:

How did the Women of Today chapter and community organization successfully collaborate? (For example how were duties broken up between the two organizations, which took the lead or initiated the project, were there any unique challenges that were overcome?)

What type of publicity was generated for the Women of Today as a result of this project?

How did the community benefit from this project?

Provide any other information you would like the judges to know about this project?



Civic or Environmental Project Award Nomination

Please return to the Community Connections State Program Manager no later than April 15 along with a cover sheet and entry fee. The Civic or Environmental Project Award category considers successful chapter projects which make an impact on their community either civically or environmentally. (Storm, flood or ditch clean-up projects, Election projects, Military family projects, etc.)

Please answer the following questions in brief paragraphs (maximum of two pages).

Briefly describe the project:

Describe how this project accomplished one of the following (check one):

Civic Project – how did this activity civically improve your town or city, or how did it promote citizenship in your community?

Environmental Project – how did this activity improve the environment in your community?

What type of publicity was generated for the Women of Today as a result of this project?

What type of lasting impact will this project have on the community?

Provide any other information you would like the judges to know about this project.



Community Impact Award Nomination

Please return to the Community Connections State Program Manager no later than April 15 along with a cover sheet and entry fee. The Community Impact Award category considers successful chapter projects that do not fit into one of the other Community Connections Award Categories (Joint Ventures or Civic or Environmental).

Please answer the following questions in brief paragraphs (maximum of two pages).

Briefly describe the project:

Discuss the overall size and scope of the project (for example how many members were involved, other people that assisted, approximately number of service hours, etc.)

If funds were raised, approximately how much was raised, and where was it donated?

What lasting impact did the project have on the community?

What type of publicity was generated for the Women of Today as a result of this project?



Project Name _____

Project Start Date _____ Project Completion Date _____

Check the appropriate boxes

- Joint Ventures Award
- Civic or Environmental Project
- Community Impact

Chapter _____ Chapter Size _____

Community Population _____

Contact Person _____

Address _____

Phone _____

Email _____



Minnesota Women of Today

Living and Learning Certification

Two (2) requirements in each section plus two (2) additional must be completed between May 1 and April 30. Indicate completion date and/or describe activity. Mail the completed form to the Living & Learning state program manager or complete online at www.mnwt.org by the certification due date of the trimester during which the certification is completed.

Print Name _____ Date _____
Chapter _____ District _____
Email _____ Phone _____

Self Improvement

- Take an educational course, attend a seminar, or take a Personal Enrichment Program (PEP).
Topic: _____ Date: _____
- Write an essay or other extended writing.
Topic: _____ Date: _____
- Give a speech or planned presentation. Should be 4-6 minutes in length.
Topic: _____ Date: _____
- Participate in a career development activity. Date: _____
- Read a self-improvement book.
Title: _____ Date: _____
- Try something new – something outside your comfort zone.
What was done: _____ Date: _____
- Other _____ Date: _____

Civic Growth

- Be registered to vote and vote in a governmental election at the national, state, or city level. Date: _____
- Attend a public meeting with elected officials or write a letter to an elected official. Date: _____
- Participate in a park cleanup, adopt-a-highway, or recycling program. Date: _____
- Visit a historical monument or landmark.
Place: _____ Date: _____
- Be a member of another organization.
Organization: _____ Date: _____
- Learn about American history by reading a book, listening to a speaker, or watching a documentary.
Topic: _____ Date: _____
- Research a current event or issue and educate someone else about it.
Topic: _____ Date: _____
- Other _____ Date: _____

Spiritual Growth

- Attend a fellowship service at a national, state, district, or local event.
Event: _____ Date: _____
- Learn about a major religion by reading a book, listening to a speaker, or watching a documentary.
Topic: _____ Date: _____
- Spend some time reflecting. Could be daily reflection or meditation. Date: _____
- Tell someone about a life changing experience.
Topic: _____ Date: _____
- Take an active role in a program or worship service at your place of worship.
Role: _____ Date: _____
- Lead a fellowship activity.
Activity: _____ Date: _____
- Other _____ Date: _____

Growth Through Family and Friends

- Attend or host a special activity or event honoring a friend or family member.
Event: _____ Date: _____
- Create or continue a family tradition.
Tradition: _____ Date: _____
- Learn something from or teach something to one of your friends or family members.
Topic: _____ Date: _____
- Learn about family or friendship relationships or dynamics by reading a book or attending a course.
Topic: _____ Date: _____
- Create or update a family history. Date: _____
- Other _____ Date: _____



Minnesota Women of Today

Minnesota Women of Today Outstanding Person with Developmental Challenges Award Vital Statistics Form

Nominee's Full Name: _____

Address: _____

Name of Parents or Guardian: (if applicable) _____

Name of Nominating Chapter: _____ District: _____

Name of Chairperson: _____

Address: _____

Phone: _____ Email: _____

Local Nominator's Name: _____

Address: _____

Phone: _____ Email: _____

Position/Title (if any): _____

Home Town Newspaper: _____

Newspaper Contact Information (address, phone, email address): _____

I attest that all the facts contained in this form and the resume are true and therefore give my full permission for these facts to be published.

Signature of Nominee _____

Signature of Guardian _____



Minnesota Women of Today

Minnesota Women of Today Outstanding Person with Developmental Challenges Entry Resume

Guidelines:

- Follow the Entry Resume format shown below. Entries not using the appropriate format will not be judged.
- Entry Resume must be typed. Times Roman 10 pt is the smallest type allowed. Keep the entry neat and readable, using proper grammar and spelling.
- Type “Outstanding Person with Developmental Challenges Entry Resume” at the top of the first page. Type the nominee’s name directly under this heading on the first page and at the top of each consecutive page of the resume. Entry Resume should be written in the third person format (he/she).
- Use outline format for the Entry Resume. Type the Roman numeral and entry heading as shown below (you do not need to type the words in parentheses). Then type your response in outline format.
- Entry Resume is not to exceed four (4) pages. Number pages in the lower right corner. Reduced copies are not allowed. Other materials such as pictures, newspaper articles, etc. are not to be included.
- Be specific and complete, using details. Emphasize the personal initiative shown by the nominee rather than just general involvement. Be specific on new ideas and programs the nominee has promoted and/or assisted with.

Entry Resume

- I. Personal Data (*Give a brief summary of the personal data of the nominee-age, parents, siblings and other pertinent information about the nominee. This should also contain a brief description of the nominee disability*)
- II. Education (*Give a description of the nominee formal schooling and any special efforts made, programs participated in to make the nominee a productive member of the community*)
- III. Contribution to Community and Family (*Tell how the nominee is or has been involved in the community, church, organizations, employment and the family*)
- IV. Awards and Recognition (*List any awards/recognition the nominee has received. This could also include verbal recognition*)
- V. Statement from Nominee (*A brief statement from the nominee on “What he/she likes about themselves and their life.”*)

Mandatory Requirement: Two (2) letters of support from outside of chapter.

Nominator’s Information

Signature of Nominator _____ Date: _____



Minnesota Women of Today

Minnesota Women of Today Outstanding Person with Developmental Challenges Nomination Form

(Only one(1) nominee should be submitted from each chapter. Submit Nomination Form along with a \$25.00 entry fee, Vital Statistics Form, Entry Resume, Chapter Endorsement Letter and two(2) Letters of Recommendation.)

Nominee's Full Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of Parent(s) or Guardians(s): _____

Nominator's Name: _____

Address: _____ Phone: _____

Email: _____

Position/Title (if any): _____

Please provide a short statement as to why you feel this person deserves to be nominated as an Outstanding Person with Developmental Challenges:

Date: _____

Signature of Nominator: _____



Minnesota Women of Today

Personal Enrichment Program Certification

PLEASE TYPE OR PRINT - Personal Enrichment Programs (PEP) course manual topics that are not available through the Minnesota Women of Today State Store must be approved prior to PEP course certification. See PEP Course Outline form for more information. Mail to the Living and Learning state program manager as soon as certifications are completed. No substantiating materials needed.

Chapter _____ District _____

Print LPM Name _____ Date _____

LPM Address _____

LPM Email _____ LPM Phone _____

Title of Personal Enrichment Course _____

Date(s) Ran _____ Length of Program _____

Brief explanation what was done. _____

Participants' Names (Please type or print very clearly)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Signature - Local Program Manager _____

Signature - Local Chapter President _____



Minnesota Women of Today

Personal Enrichment Program Course Outline

PLEASE TYPE OR PRINT - Personal Enrichment Program (PEP) course manual topics that are not available through the Minnesota Women of Today State Store must be approved prior to PEP course certification. Complete the following outline form and submit it to the Living and Learning state program manager. She, along with the internal vice president, will determine if the submitted course is suitable for the Living and Learning area. Note that PEP courses should make a change in your life and/or behavior, and should include interaction between the facilitator and participants.

Chapter _____ District _____

Print Name _____ Date _____

Address _____

Email _____ Phone _____

Course Outline

I. Title

II. Purpose

III. Time Frame

IV. Goals

V. Materials Used

VI. Activities and/or Exercises Used

VII. Course Evaluation



Minnesota Women of Today

Project of the Trimester Nomination

Postmark to appropriate state program manager three (3) weeks prior to state meeting. Nominations can be made by chapter president, district director, project chair or program manager. Fill in as much information as you know.

Name of Project _____

Type of Project (Project Area) _____

Date(s) Project Held _____

Chapter _____ District _____ Area _____

Contact Information

Print Name _____ Trimester Submitted _____

Address _____

Phone number and/or email _____

**Briefly summarize the Project (include purpose, people that benefit from the project, why the project is being nominated):
This information will be used to briefly describe your project in upcoming newsletters, CIPs and other project information.
Use back of this form if necessary.**

Number of chapter members participating: _____

Number of people helped (if applicable): _____

Funds raised (if applicable): _____

Total number of hours spent on the project: (include planning, hours worked at the project, etc.) _____



Minnesota Women of Today

Records and Recognition

New Chapter President Evaluation

Name:

Position:

Year:

I. GOALS (You must list at least three goals but no more than five. These goals should be the ones listed in your President Fast Start or Plan of Action. If you have made changes to your goals, please note the change and the reason why a change was made.)

- A. **Goal I** Choose a goal you have about membership
 - 1. **Implementation**
 - a. (List the actions you took to accomplish this goal)
 - 2. **Results**
 - a. (List what happened as the results of your actions – e.g. number of new members signed, number of certifications)
 - 3. **Lessons Learned**
 - a. (List what worked, what did not work, what would you do differently)
- B. **Goal II** (Choose a goal you have about meetings.)
 - 1. **Implementation**
 - 2. **Results**
 - 3. **Lessons Learned**
- C. **Goal III** (Use a goal you have about programming.)
 - 1. **Implementation**
 - 2. **Results**
 - 3. **Lessons Learned**

II. Chapter Management

- A. What is your average meeting attendance? Describe how you encourage meeting attendance.
 - 1. Local
 - 2. District
 - 3. State
- B. Describe ways you keep chapter meetings running efficiently? (Parliamentary procedure, agendas, written reports, etc.)
- C. Explain the steps you undertook to plan a yearly chapter calendar and budget and update any changes.
- D. Explain the ways you communicate with your chapter members including frequency and new ideas you implemented. (Phone calls, newsletters, etc.)
- E. Explain new projects/programs that you implemented.
- F. Describe other resources you used to assist you during your year as chapter president. (Round tables, Pres/State Del Retreat, district director, extension chairs, etc.)

III. Chapter Membership

- A. Chapter charter date _____ Charter membership _____ Current membership _____
- B. List the efforts you undertook to maintain and/or increase membership.

IV. Evaluation

- A. What has been your biggest challenge and why?
- B. What has been your most successful activity and why?
- C. What do you wish you had known prior to taking this position?
- D. Explain any additional information not included above that you would like to include.



Minnesota Women of Today

Records and Recognition Chapter President Evaluation

Name:

Position:

Year:

I. GOALS (You must list at least three goals but no more than five. These goals should be the ones listed in your President Fast Start or Plan of Action. If you have made changes to your goals, please note the change and the reason why a change was made.)

A. **Goal I** (Choose a goal you have about membership)

1. **Implementation**

a. (List the actions you took to accomplish this goal)

2. **Results**

a. (List what happened as the results of your actions – e.g. number of new members signed, number of certifications)

3. **Lessons Learned**

a. (List what worked, what did not work, what would you do differently)

B. **Goal II** (Choose a goal you have about meetings.)

1. **Implementation**

2. **Results**

3. **Lessons Learned**

C. **Goal III** (Use a goal you have about programming.)

1. **Implementation**

2. **Results**

3. **Lessons Learned**

II. Chapter Management

A. What is your average meeting attendance? Describe how you encourage meeting attendance.

1. Local
2. District
3. State

B. Describe ways you keep chapter meetings running efficiently? (Parliamentary Procedure, agendas, written reports, etc.)

C. Explain the steps you undertook to plan a yearly chapter calendar and budget and update any changes.

D. Explain the ways you communicate with your chapter members including frequency and new ideas you implemented. (Phone calls, newsletters, etc.)

E. List significant changes made in the organization of the chapter during the year. (By-law changes or revisions, duty changes of officers, addition of standing committees, etc.)

F. Explain new projects/programs that you implemented.

G. Describe other resources you used to assist you during your year as chapter president. (Round Tables, Pres/State Del Retreat, District Director, former chapter presidents, etc.)

III. Chapter Membership

A. Chapter membership base (May 1) _____ Year-end membership _____

B. List the efforts you undertook to maintain and/or increase membership.

IV. Evaluation

A. What has been your biggest challenge and why?

B. What has been your most successful activity and why?

C. What do you wish you had known prior to taking this position?

D. Explain any additional information not included above that you would like to include.



Minnesota Women of Today

Records and Recognition

New Chapter State Delegate Evaluation

Name:

Position:

Year:

I. GOALS (You must list at least three goals but no more than five. These goals should be the ones listed in your State Delegate Fast Start or Plan of Action. If you have made changes to your goals, please note the change and the reason why a change was made.)

A. **Goal I** (Choose a goal you have about your role as a liaison.)

1. **Implementation**

a. (List the actions you took to accomplish this goal)

2. **Results**

a. (List what happened as the results of your actions – e.g. number of new members signed, number of certifications, attendance at state events, etc)

3. **Lessons Learned**

a. (List what worked, what did not work, what would you do differently)

B. **Goal II** (Choose a goal you have about visitations.)

1. **Implementation**

2. **Results**

3. **Lessons Learned**

C. **Goal III** (Use a goal you have about communicating to your chapter about activities or promotions about district, state or national events.)

1. **Implementation**

2. **Results**

3. **Lessons Learned**

II. Chapter Management

A. What is your average meeting attendance? Describe how you encourage meeting attendance.

1. District

2. State

B. Explain ways you communicate with your chapter members including frequency and any new ideas you implemented. (Phone calls, newsletters, etc.)

C. Explain new projects/programs that you implemented.

D. Describe other resources you used to assist you during your year as state delegate. (Round tables, Pres/State Delegate Retreat, district director, etc.)

III. Membership

A. Chapter charter date _____ Charter membership _____ Current membership _____

B. List the efforts you undertook to maintain and/or increase membership.

IV. Evaluation

A. What has been your biggest challenge and why?

B. What has been your most successful activity and why?

C. What do you wish you had known prior to taking this position?

D. Explain any additional information not included above that you would like to include.



Minnesota Women of Today

Records and Recognition

Chapter State Delegate Evaluation

Name:

Position:

Year:

I. GOALS (You must list at least three goals but no more than five. These goals should be the ones listed in your State Delegate Fast Start or Plan of Action. If you have made changes to your goals, please note the change and the reason why a change was made.)

A. **Goal I** (Choose a goal you have about your role as a liaison for your chapter.)

1. **Implementation**

a. (List the actions you took to accomplish this goal)

2. **Results**

a. (List what happened as the results of your actions – e.g. number of new members signed, number of certifications, attendance at state events, etc.)

3. **Lessons Learned**

a. (List what worked, what did not work, what would you do differently)

B. **Goal II** (Choose a goal you have about visitations.)

1. **Implementation**

2. **Results**

3. **Lessons Learned**

C. **Goal III** (Use a goal you have about communicating to your chapter about activities or promotions about district, state or national events.)

1. **Implementation**

2. **Results**

3. **Lessons Learned**

II. Chapter Management

A. What is your average meeting attendance? Describe how you encourage meeting attendance.

1. District

2. State

3. National

B. Explain the ways you communicate with your chapter members including frequency and new ideas you implemented. (Phone calls, newsletters, etc.)

C. Explain new projects/programs that you implemented.

D. Describe other resources you used to assist you during your year as state delegate. (Round tables at conventions or district meetings, Pres/State Del Retreat, district director, etc.)

III. Membership

A. Chapter membership base (May 1) _____ Year-end membership _____

B. List the efforts you undertook to increase membership on the local, district and state level.

C. Describe any involvement in a new extension or 2 and under chapter.

IV. Evaluation

A. What has been your biggest challenge and why?

B. What has been your most successful activity and why?

C. What do you wish you had known prior to taking this position?

D. Explain any additional information not included above that you would like to include.



Minnesota Women of Today

Women Who Impact Award Nomination

{A nominee should be submitted in only one category. A chapter may submit multiple nominees in multiple categories. However a separate nomination form must be submitted for each nominee along with a \$25.00 nomination fee.}

Nominee's Full Name: _____ Birth date: _____

Address: _____ Phone: _____

City/State/Zip: _____

Nomination Category: (circle one) Non-Profit Youth Outreach Women's Advocacy

Nominator's Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Position/Title (if any): _____

Please provide a short statement as to why you feel this woman deserves to be nominated for a Women Who Impact Award:

Date: _____

Signature of Nominator: _____



Minnesota Women of Today

Women Who Impact Award Vital Statistics

Nominee's Full Name: _____

Address: _____

Phone: _____ Email: _____

Name of Spouse: (if applicable) _____

Name of Nominating Chapter: _____ District: _____

Name of Chairperson: _____

Address: _____

Phone: _____ Email: _____

Newspaper Contact Information (address, phone, email address): _____

Local Nominator's Name: _____

Address: _____

Phone: _____ Email: _____

Position/Title (if any): _____

(Attach picture to this form.)

I attest that all the facts contained in this form and the resume are true and therefore give my full permission for these facts to be published.

Signature of Nominee _____



Minnesota Women of Today

Women Who Impact Award Entry Resume

Guidelines:

- ◆ Follow the Entry Resume format shown below. Entries not using the appropriate format will not be judged.
- ◆ Entry Resume must be typed. Times New Roman type (10 point) is the smallest type allowed. Keep the entry neat and readable, using proper grammar and spelling.
- ◆ Type “Women Who Impact Entry Resume” and appropriate nomination category (Non-Profit, Youth Outreach, Women’s Advocacy) at the top of the first page. Type the nominee’s name directly under this heading on the first page and at the top of each consecutive page of the resume. Entry Resume should be written in the third person format (he/she).
- ◆ Use outline format for the Entry Resume. Type the Roman numeral and entry heading as shown below (you do not need to type the words in parentheses). Then type your response in outline format.
- ◆ Entry Resume is not to exceed three (3) pages. Number pages in the lower right corner. Reduced copies are not allowed. Other materials such as pictures, newspaper articles, etc. are not to be included.
- ◆ Be specific and complete, using details. Emphasize the personal initiative shown by the nominee rather than just general involvement. Be specific on new ideas and programs the nominee has promoted and started.

Entry Resume Format:

Women Who Impact Award Resume

[Nomination Category]

[Name of Nominee]

- I. Participation in activities and contributions to the welfare of others.
- II. Exhibition of leadership ability, personal development and initiative.
- III. Overall effects of contributions and evidence of lasting effects of contributions.
- IV. List any activities, additions or awards you would like to include.
- V. Additional comments by the nominator.

Signature of Nominator: _____

Date: _____



Minnesota Women of Today

Youth of Today Outstanding Young Adult Nomination

(Nominee must be in 9th through 12th grade. A nominee may receive local honors during the spring of his/her 12th grade year and be nominated the following fall for the Minnesota Women of Today Award.)

Nominee's Full Name: _____ Age: _____

Address: _____ Phone: _____

City/State/Zip: _____

Grade Level: _____ Citizenship: _____

Name of Parent(s) or Guardians(s): _____

Nominator's Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Position/Title (if any): _____

Please provide a short statement as to why you feel this young person deserves to be nominated as an Outstanding Young Adult:

Date: _____ Signature of Nominator: _____



Minnesota Women of Today

Youth of Today

Outstanding Young Adult Vital Statistics

Nominee's Full Name: _____ Age: _____

Address: _____ Phone: _____

City/State/Zip: _____

Grade Level: _____ Birthdate: _____ Citizenship: _____

Name of Parent(s) or Guardians(s): _____

Address: _____

Phone: _____ Email: _____

Names/Ages of Siblings: _____

Newspaper Contact Information (address, phone, email address): _____

Name of Nominating Chapter: _____ District: _____

Name of Chairperson: _____

Address: _____

Phone: _____ Email: _____

Local Nominator's Name: _____

Address: _____

Phone: _____ Email: _____

Position/Title (if any): _____

(Attach picture to this form.)

I attest that all the facts contained in this form and the resume are true and therefore give my full permission for these facts to be published.

Signature of Nominee _____



Minnesota Women of Today

Youth of Today

Outstanding Young Adult Entry Resume

Guidelines:

- ◆ Follow the Entry Resume format shown below. Entries not using the appropriate format will not be judged.
- ◆ Entry Resume must be typed. Times New Roman type (10 point) is the smallest type allowed. Keep the entry neat and readable, using proper grammar and spelling.
- ◆ Type “Outstanding Young Adult Entry Resume” at the top of the first page. Type the nominee’s name directly under this heading on the first page and at the top of each consecutive page of the resume. Entry Resume should be written in the third person format (he/she).
- ◆ Use outline format for the Entry Resume. Type the Roman numeral and entry heading as shown below (you do not need to type the words in parentheses). Then type your response in outline format.
- ◆ Entry Resume is not to exceed three (3) pages. Number pages in the lower right corner. Reduced copies are not allowed. Other materials such as pictures, newspaper articles, etc. are not to be included.
- ◆ Be specific and complete, using details. Emphasize the personal initiative shown by the nominee rather than just general involvement. Be specific on new ideas and programs the nominee has promoted and started.

Entry Resume Format:

Outstanding Young Adult Entry Resume

[Name of Nominee]

- I. Participation in community activities and contributions to community welfare.
- II. Cooperation with and contributions to the welfare of individuals and/or family.
- III. Participation in school activities and contributions to school. (This does not include academic or athletic achievements.)
- IV. Exhibition of leadership ability, personal development and initiative.
- V. Overall effects of contributions and evidence of lasting effects of contributions.
- VI. List any activities or awards not included in the above.
- VII. Additional comments by the nominator.

Date: _____ Signature of Nominator: _____



Minnesota Women of Today

Recognition



Minnesota Women of Today

Presidential Pin Nomination

PLEASE TYPE OR PRINT - Postmark to state president three (3) weeks prior to state meeting. Include only offices, projects worked on, certifications completed and information relating to this year's activities. Be specific. Use of facts, numbers, and percentages will give a clear picture of nominee accomplishments.

District _____ Area _____

Chapter _____ Chapter Size _____

Nominee's Information

Print Name _____ Date(s) Submitted _____ Date Joined _____

Address _____

Number of new members signed this year (by nominee) _____

	Number held	Number attended
Local Meetings		
District Meetings		
State Meetings		
National Meetings		

Local Positions Held (current year)

District Offices Held (current year)

Certifications Completed (by nominee)

List projects chaired by nominee and chairmanship responsibilities.

1. _____
2. _____
3. _____

List projects worked on and responsibility of nominee (other than above).

1. _____
2. _____
3. _____

Briefly explain why the nominee is deserving of a Presidential Pin

Nominator's Information

Print Name _____

Position _____

Email _____ Phone _____



Minnesota Women of Today

President & State Delegate Medallion Nomination

PLEASE TYPE OR PRINT - Postmark to state president three (3) weeks prior to state meeting. Include only offices, projects worked on, certifications completed and information relating to this year's activities. Be specific. Use of facts, numbers, and percentages will give a clear picture of nominee accomplishments

Position: President State Delegate District _____ Area _____

Chapter _____ Chapter Size _____

Nominee's Information

Print Name _____ Date Submitted _____ Date Joined _____

Position _____

Address _____

Number of new members signed this year (by nominee) _____

Theme, if applicable _____

	Number held	Number attended
Local Meetings		
District Meetings		
State Meetings		
National Meetings		

Local Positions Held (current year)

District Offices Held (current year)

Certifications Completed (by nominee)

List any new ideas implemented by nominee in her chapter or in her position

List and explain how nominee encourages and offers incentives for attendance at district, state meetings and other events.

Briefly explain how nominee is fulfilling her duties, what challenges she has overcome and why she is deserving of a medallion.

Nominator's Information

Print Name _____

Email _____ Phone _____



Minnesota Women of Today

Key Woman Nomination

Contact Key Woman president for most recent form. Form must be typed and used as is. Do not alter space allotted for each item. Form may be retyped on a computer but spacing must not be changed; Word format must be 10 point or above. (1) Please attach two letters of recommendation. (2) Submit eight (8) copies of entire entry and mail to Key Woman President seven (7) weeks prior to presentation. (3) Enclose two (2) checks made payable to Key Women Club -- one for \$5.00 and one for \$45.00 for each entry.

Print Nominee Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Present Chapter of Nominee _____ District _____ Date Joined _____

Other Chapters Belonged To and Dates _____

Nominee Marital Status _____ Spouse Name, if applicable _____

Children Names and Ages, if applicable _____

Nominee Occupation _____

Name of Nominating Chapter _____ District _____

Print Nominating Chair or Local President Name _____

Address _____

Email _____ Phone _____

When You Would Like Presentation To Be Made _____

Name as it should read on the plaque _____

Endorsement by nominator or local chapter

I hereby attest that all information provided in this nomination is reliable and true to the best of my knowledge.

Nominator or Local President Signature _____

Endorsement by nominee local chapter if nomination is from other than her local chapter

I hereby attest that our chapter endorses the nomination of the above-named nominee.

Local President Signature _____ Chapter _____

1. Local Meetings

List the meetings nominee has attended since joining; you may give an average or percentage.	Number held	Number attended
Chapter Meetings		
Chapter Board Meetings		

2. Local offices held and dates

3. List major local chairmanships of projects, programs and/or standing committees held by nominee and dates

4. District Meetings

List the meetings nominee has attended since joining; you may give an average or percentage.	Number held	Number attended
District Meetings		
District Board Meetings		

5. Area Meetings

List the meetings nominee has attended since joining; you may give an average or percentage.	Number held	Number attended
Area Meetings		

6. List district offices held and dates

7. List district chairmanships of projects, programs and/or standing or study committees held by the nominee and dates

8. State Meetings

List the meetings nominee has attended since joining; you may give an average or percentage.	Number held	Number attended
State Meetings		

9. List state offices or program manager positions the nominee has held and dates

10. List state committees the nominee has served on and the dates

11. National Meetings

List the meetings nominee has attended since joining; you may give an average or percentage.	Number held	Number attended
National Meetings		

List the national conventions attended and dates.

12. List national offices or program manager positions held and dates: (You may include any national committee memberships in this section.)

13. What lasting and unique contributions did the nominee make to the development of her local **chapter**? (i.e.: consider chapter management membership, internal or external programming, new projects or improvements to the local chapter initiated by the nominee)

14. What lasting and unique contributions did the nominee make to her **district**?

15. What lasting and unique contributions did the nominee make to the **state** organization and/or how has she utilized the opportunities provided by the state organization? (i.e. if she was a state officer or program manager, what were her contributions? how did she involve people in the state organization meetings and programs?)

16. How has the nominee utilized the opportunities provided by the **national** organization?

17. How has the nominee utilized the opportunities provided by our organization for **involvement** and **personal growth**?

18. Please make a final **summary statement** clarifying why your chapter feels that this Woman of Today is a Key Woman.



Minnesota Women of Today

Outstanding Local Program Manager

PLEASE TYPE OR PRINT - To be completed by local chapter. Send to appropriate State Program Manager three weeks prior to convention.

Nominator Information

Print Name _____ Date _____

Address _____

Email _____ Phone _____

Nominee Information

Print Name _____

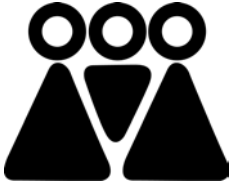
Position _____

Chapter _____ District _____

Has this person been submitted before? No Yes, indicate date _____

Are reports submitted on time to DPM? Yes No

Describe involvement in LPM area



Minnesota Women of Today Foundation

MNWT Foundation



Minnesota Women of Today

Cheryl L Anderson Scholarship Application

The Minnesota Women of Today Foundation award a scholarship of \$500 to assist a person to enter or continue in an educational program of their choice.

Guidelines

Available to

1. Member of the Minnesota Women of Today for at least two (2) consecutive years.
2. Applicant must be entered in a vocational or college approved program.
3. Limited to women who live in Minnesota.
4. Applicant must complete the Financial needs Statement found in the Book of Forms.
5. Scholarships are to be used for academic reasons only and made payable to the school in the applicant name.

Along with the completed application and Financial Needs Statement, you are to write an essay, limit to one (1) typed page, on your belief and involvement in this organization, the Minnesota Women of Today, and what the future holds for you. Finalists may be asked to have a personal interview with members of the Foundation Scholarship Committee. Seven (7) copies of this form must be submitted by **July 1** to: Minnesota Women of Today Foundation, c/o Minnesota Women of Today Chapter Service Center, PO Box 44242, Eden Prairie, MN 55344

Print Name _____ Date Joined _____

Address _____

Email _____ Phone _____

Chapter _____ District _____

Have you been a previous recipient of this scholarship? No Yes, year received _____

School you will be attending and address of financial aid office _____

Career You Are Pursuing _____

Date You Will Begin/Return to School _____

Educational Background



Minnesota Women of Today

Cheryl L Anderson/Straight River Scholarship Financial Needs Statement

Print Name _____

Financial Resources (related to schooling)	
Personal Funds Available	
Family Sources (parents, relatives, etc.)	
Loans (applied for)	
Loans (received)	
Grants/Scholarships (applied for)	
Grants/Scholarships (received)	
Work Study	
Other	
Total Income	

Estimated Annual Educational Expenses	
Tuition	
Books	
Supplies	
Other	
Total Expenses	

Please include a brief statement of financial need not indicated on the form.



Minnesota Women of Today

Straight River Scholarship Application

The Minnesota Women of Today Foundation award a scholarship of up to \$400 to assist a person to enter or continue in an educational program. His/her goals should be to enhance their skills with physically or mentally handicapped individuals. This scholarship may be applied for at any time and will be awarded throughout the year.

Guidelines

Available to

1. Member of the Minnesota Women of Today for at least two (2) consecutive years.
2. Limited to persons who live in Minnesota.
3. Applicant must complete the Financial needs Statement found in the Book of Forms.
4. Scholarship may be used for tuition, books and transportation to the school or workshop.
5. Past recipients may re-apply.
6. No one may receive a scholarship more than once in a twelve (12) month period.
7. Deadlines for application are July 1, October 1, January 1 and April 1.

Along with the completed application, you are to write an essay, limit to one (1) typed page, on your belief and involvement in this organization, the Minnesota Women of Today, and what the future holds for you. A description of the program or workshop should accompany your application. Finalists may be asked to have a personal interview with members of the Foundation Scholarship Committee. You will be asked for verification of workshop or class attendance. Seven (7) copies of this form may be submitted at any time to: Minnesota Women of Today Foundation, c/o Minnesota Women of Today Chapter Service Center, PO Box 44242, Eden Prairie, MN 55344.

Print Name _____ Date Joined _____

Address _____

Email _____ Phone _____

Chapter _____ District _____

Have You Been A Previous Recipient of This Scholarship? No Yes, year received _____

School or Workshop You Will Be Attending _____

Present Employment or Career Pursuing _____

Date of Workshop or Educational Program _____

Educational Background

Financial Need (Give Anticipated Cost of Education or Workshop)



Minnesota Women of Today

Chapter Grant Application

To be typewritten. Send 8 copies of application by December 1 to: Minnesota Women of Today Foundation, Minnesota Women of Today Chapter Service Center, PO Box 44242, Eden Prairie, MN 55344. To be eligible for a Chapter Grant your chapter must have made a donation to the MN Women of Today Foundation within the past two years.

Chapter Address: _____ District _____
Print Name _____ Date _____
Address _____
Email _____ Phone _____
Print Chapter president _____ Phone _____
Chapter membership _____ Amount requested _____
Beginning date of project _____ Completion date _____
Contact Person Signature _____ Date _____
Chapter President Signature _____ Date _____

I. SUMMARY OF PROJECT – Summarize the project, briefly and concisely, using one or two paragraphs, stating the main goal.

II. INTRODUCTION – Describe why your group is well suited to do this project.

III. STATEMENT OF NEED, PROBLEM OR CONCERN – What needs are to be met and why?

IV. OBJECTIVES / GOALS – Describe what the planned outcome of the program will be.

V. METHODS – Describe how you plan to accomplish the goals and objectives including time schedule, resources needed, and involvement of community and non-members.

VI. PUBLICITY – Describe how the project will be promoted. How will recognition be given to the Minnesota Women of Today and your chapter?

VII. EVALUATION – Describe how you will determine to what degree your objectives/goals have been met.

VIII. FUTURE PLANS – Is this project ongoing? If so, what are the future plans?



Minnesota Women of Today

IX. **BENEFICIARY** – Explain how your local chapter aided the beneficiary of this grant previously in any way. Explain why funds are not available from previous sources of income or from other agencies; use name of agencies. Estimate the total number of people to benefit directly from the completed project, and the number of disabled individuals to be benefited, if applicable.

X. **PARTICIPATION / INVOLVEMENT STATISTICS** – Estimate the total number of people to be directly involved in completing this project, and the number of members and others.

XI. **SUPPORTING MATERIAL** – Attach any available letters supporting your grant request, any pictures, brochures, etc. that will help tell your story. (Send 6 copies if possible).

Please complete additional information if this is an equipment request.

XII. Type of equipment. Describe and attach pictures, if possible. List each item to be purchased and number to be purchased.

XIII. How and where will the equipment be used?

XIV. Who and how many will benefit from this equipment (indicate any type of disability).

XV. Name of at least two companies contacted and lowest bid on this equipment. Attach supporting papers, if possible.

XVI. Does the company with the lowest bid allow "charity discount"? If so, how much? Would a trade-in apply? If so, in what amount?

Budget

Itemize sources of income		Itemize anticipated Expenses	
Foundation grant			
Other (Specify source and amount)			
Total Income		Total Expenses	



Minnesota Women of Today

Chapter Reactivation Grant

Chapter _____ Date Of Application _____
 Amount Requested \$ _____ District No. _____ Reactivation Date _____
 Chapter President _____ Telephone Number _____
 Address _____

The Minnesota Women of Today Foundation may issue a grant to match up to two hundred dollars (\$200.00) of a reactivated chapter's funds earned from a chapter fund-raiser(s). All grants are subject to the approval of the Foundation's Board of Directors and must have the recommendation of the Chapter Management Vice President of the Minnesota Women of Today. The grant application must be received within 6 months of a chapter's reactivation date.

1. Explain why you need the grant and what you plan to do with the funds. Be specific, i.e., to offset the cost of legal paperwork, to copy and mail chapter newsletter, etc.

2. List ways and means projects already held, including details of income and expense (use additional paper if necessary).

3. List dates and descriptions of scheduled ways and means projects.

4. Have you received any monetary donations? How much and from whom? How were the funds used?

5. Does your district have a provision in its by-laws to provide a grant to reactivated chapters?

6. Attach a financial statement of income and expenses since the chapter's reactivation date.

APPLICATION BY:

RECOMMENDED BY:

 Chapter President

 Chapter Management VP, Minnesota Women of Today

Dated _____

Dated _____

Send to Chapter Management VP
 Minnesota Women of Today



Minnesota Women of Today

Chapter Reactivation Loan

Chapter _____ Date Of Application _____

Amount Requested \$ _____ District No. _____ Reactivation Date _____

Chapter President _____ Telephone Number _____

ADDRESS _____

The Minnesota Women of Today Foundation may issue an interest-free loan up to the amount of one hundred fifty dollars (\$150.00) to a reactivated chapter who receives approval from the Foundation's Board of Directors, subject to the recommendation of the Chapter Management Vice President of the Minnesota Women of Today.

1. Describe the purpose for which the loan will be used.

2. Define your commitment to repay the loan. According to Foundation guidelines, the loan must be repaid no later than two (2) years from the date of issue.

APPLICATION BY:

In accepting this loan, we agree to repay the loan on the schedule set forth in #2 above.

CHAPTER _____

By _____

President

By _____

Treasurer

Dated _____

RECOMMENDED BY:

Chapter Management Vice President

Minnesota Women of Today



Minnesota Women of Today

Chapter Reactivation Reimbursement Application

(To be completed by and reimbursed to the reactivating chapter or team)

The Minnesota Women of Today Foundation has funds available to assist chapters/districts/teams with a reactivation. Up to \$150.00 per reactivation can be applied for. The following guidelines must be met in order to qualify:

1. An Intent to Reactivate Form must be on file with the Minnesota Chapter Management Vice President.
2. The reactivation must be completed, new member names sent in, and dues paid.
3. The application must be complete and must be filed within 60 days of completion of the reactivation.
4. Original receipts must accompany this application.
5. Applications will be approved at the discretion of the state president, chapter management vice president and the Board of Directors of the Minnesota Women of Today Foundation.

Chapter/District _____ Reactivation _____

Reactivation Date _____ Reactivation Chair _____

BUDGET

INCOME

Chapter/district appropriation \$ _____

Other Donation/sources \$ _____

Personal Donations \$ _____

TOTAL INCOME \$ _____

EXPENSES

Phone calls \$ _____

Postage \$ _____

Copies \$ _____

Room Rent \$ _____

Publicity \$ _____

Other Expenses (list) \$ _____

TOTAL EXPENSES \$ _____

**Send application immediately upon completion of reactivation
to the Chapter Management Vice President.**



Minnesota Women of Today

Bid Forms



Minnesota Women of Today

External Projects Intent to Bid

PLEASE TYPE OR PRINT - This form is to be filled in and turned into the State President and the External Vice President by April 1. You may attach an explanatory page with this bid form.

Identification

Foundation Name _____

Contact person _____ Phone _____

Email address _____ URL address _____

Address _____

City _____ State _____ Zip Code _____

Are you working with a local Women of Today chapter to present the bid? No Yes, which chapter _____

Foundation Information

Give a brief explanation of area to be bid (i.e., Is it a medical foundation? Who do you work with/affect? What other sources of income support you, if any?).

Purpose of Your Bid

What would you like from the Minnesota Women of Today if you would be chosen as one of our programming areas (i.e., fundraising, education, manpower, etc.)?

What can you offer to the Minnesota Women of Today as resources (i.e., contact person, literature, fundraising ideas, speaker bureau, etc.)? Be specific.

Please attach the following items to your bid

- Most Current Audited Financial Statement
- Copy of 501(c) Statement
- Most Current Annual Report.

Do you have a file on record with the Charity Navigator? No Yes, please attach copy of most recent review. If no, request check list from External Vice President, State President and Executive Director.

Other comments



Minnesota Women of Today

State Program Manager Bid

PLEASE TYPE OR PRINT - The following information must be completed by the prospective manager and returned to the appropriate state program manager, programming vice president, chairman of the board, Executive Director and the state president. Bids are to be submitted **three (3) weeks** prior to the Winter State meeting. The following information must be included with your bid form: (1) letter of support from your chapter president; and (2) detailed plan of action. For further information see the state plan of action and contact the appropriate vice president for guidelines.

Position being bid _____

Print Name _____ Birth date _____

Address _____

Email _____ Phone _____

Chapter _____ Date Joined _____

Local offices held

District / state positions held

Number of state meetings attended _____

Do you plan to attend all state meetings this year? Yes No

Do you have an emphasis area? No Yes, briefly explain.

Experience pertaining to this position and programming area

Other facts about yourself



Minnesota Women of Today

State President & Treasurer Filing

The following information should be completed by the candidate and returned to the chairman of the Elections Committee anytime following the first Monday in December. With this form the candidate should include two (2) additional pages of information using one (1) side of the page only. The first of these two pages should be prepared by the president of her/his local chapter in letterform declaring her/his chapter support of her/his candidacy and explaining how her/his chapter can support her/him as officer. The second should be a statement of her/his belief in this organization and why she/he wishes this office. (Information from these two pages will be used for newspaper or NEWSLET purposes.) These forms should reach the chairman of the Elections Committee as soon as possible and no later than 12:00 p.m. Friday at Annual Convention. Please include a photograph of candidate (no larger than 5x7 in size) suitable for a newspaper to use. Treasurer candidates must include a resume detailing their financial background, education and experience. No one is officially a candidate until this form is approved.

I hereby enter my name as a candidate for _____

Print Name _____

Address _____

Email _____ Phone _____

Chapter _____ Date Joined _____

Local offices held

State or district offices or chairmanships

Did your chapter vote to support you as a candidate for this office? Yes No

Number of district meetings attended _____ State meetings _____

Experience, which should help you in this office (i.e., education, career)

Other civic work you have done

List other interesting and pertinent facts about yourself and your family



Minnesota Women of Today

State Staff Filing

The following information should be returned to the Chairman of the Elections Committee anytime following the first Monday in December .with this form the member should have a letter from her/his chapter stating their support. In addition, a letter from the member, with a statement of belief in this organization and why she/he wishes to be appointed to this office. This form will be forward to the candidate or candidates by the Elections Chairman.

Print Name _____

Chapter _____ Date Joined _____

Address _____

Email _____ Phone _____

Local offices held

State or district offices or chairmanships

Experience, which should help you in this office (i.e., education, career)

Other civic work you have done

List other interesting and pertinent facts about yourself and your family

List the offices in order, as you would want to hold on staff, for the presidential candidates to review.

1. _____
2. _____
3. _____



Minnesota Women of Today

State Support Filing

PLEASE TYPE OR PRINT - The following information should be completed by the member seeking state support for running or bidding for a US Women of Today position. This form must be returned to the chairman of the Elections Committee prior to Winter State convention. If you are planning to run for National President, you must indicate that on this form.

Print Name _____ Date _____

Chapter _____ District _____ Date Joined _____

Address _____

Email _____ Phone _____

Local offices held

State or district offices or chairmanships

National offices held

Experience, which should help you in this office (i.e., education, career)

Other civic work you have done

List other interesting and pertinent facts about yourself and your family.

If you have decided which position for which you will bid, please list below.

1. _____
2. _____
3. _____



United States Women of Today

United States Women of Today



United States Women of Today

All American Chapter

This award is designed to provide national recognition for those Women of Today chapters who have planned and accomplished a well-rounded program of projects and activities that exemplify the US Women of Today creed. Accomplishment of these activities will help the chapter provide the opportunities of leadership, training, community service, personal enrichment and fellowship for its members. Take pride in your accomplishments and share the completion of this All-American Chapter program with your chapter members. Upon completion of the following criteria, the Chapter President must sign the form and mail it to USWT President, postmarked no later than May 1.

Chapter _____ State _____
President _____

Conduct an officer orientation/training for local officers, program managers, chairmen, etc.
Date _____ Number attending _____
Conducted by _____

Hold an orientation of the general membership, including an overview of your state organization and the U.S. Women of Today.
Date _____ Number attending _____
Conducted by _____

Have a prepared budget for your chapter. (Include a copy)

Complete three (3) **external** projects, programs or activities; these may be national programs, state or local priorities. List project/program, date and description.
a. _____
b. _____
c. _____

Conduct three (3) **internal** programs or activities; these may be national programs (Health & Wellness, Personal Development, Domestic Violence Awareness, STEP, Project Recognition), state programs or local opportunities. List program, date and description.
a. _____
b. _____
c. _____

Conduct a Mid-Year Evaluation with chapter officers or the general membership to take a look at the progress made to date, suggested changes, etc. Attach an agenda or brief synopsis of evaluation.
Date _____ Number attending _____

Offer a fun social activity for chapter members. Attach a brief description of the event.
Date _____ Number attending _____

Hold a Ways and Means fundraiser (to add money to chapter treasury for operating funds.) Attach a brief description of the event.
Date _____ Amount Raised _____

Have two or more chapter members attend a Women of Today meeting other than the local chapter; examples are a visitation to another chapter or attendance at a district, region, state or national meeting.
Date _____ Number attending _____
Meeting attended _____

Add at least four new members to your chapter or complete an external extension between May 1 and April 30. Verification will be obtained from US Membership Vice President or US Extensions Director.

President signature _____ Date _____



United States Women of Today

Buckets of Sunshine Participation

Send completed form to USWT Public Relations Director postmarked no later than May 1st.

Name _____

Chapter _____ State _____

Address _____

City _____ State _____ Zip _____

Email _____

Date of Project _____

Project Chair/Contact Person _____

Number of members participating _____

Other organizations participating _____

Name, address, type of facility/agency receiving donation _____

Type of bucket donated & contents _____

Cash value of donation \$: _____ No. of buckets donated _____

Source of buckets and contents (i.e. member donations, purchased with chapter funds, outside donations, special project held to raise funds, etc):



United States Women of Today

Family Week Calendar

PLEASE TYPE OR PRINT - Refer to the state program manager Chapter Information Packet for additional information. Specifically explain each daily activity. Send completed form to the Living and Learning state program manager within two (2) weeks of Family Week

Chapter _____ District _____

Print Name _____ Year _____

Address _____

Email _____ Phone _____

Date	Activity
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	



United States Women of Today

Fellowship Builder Award

The Fellowship Builder Award will be given to those chapters that take Friendship Day a step further by holding three more events during the year. These events are meant to be social, to encourage our members to get to know each other a little better and to have fun in the process. These events are not fundraisers, nor are they orientations or personal enrichment courses. They are meant for you, our chapter members, to have just a little more fun in Women of Today. Recognition will be distributed at Annual Convention. Send this completed form to USWT Membership Vice President, postmarked no later than May 1.

Chapter _____ State _____

Print Name of Friendship Day Event _____

Date Held: _____ Number Of Members Attending _____

Brief Description of Event

Print Name of Event No. 2 _____

Date Held: _____ Number Of Members Attending _____

Brief Description of Event

Print Name of Event No. 3 _____

Date Held: _____ Number Of Members Attending _____

Brief Description of Event

Print Name of Event No. 4 _____

Date Held: _____ Number Of Members Attending _____

Brief Description of Event



United States Women of Today

Founder's Day Participation

Return completed form to USWT Public Relations Director, postmarked no later than September 1st.

Chapter _____ State _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Was a press release submitted to your local newspaper for Founder's Day? Yes No

If yes, please attach a copy.

Description of Event



United States Women of Today

Friendship Day Certification

The first Sunday in August is Friendship Day. In order to recognize the importance of the fellowship we have within our chapters, an incentive will be awarded to all chapters who celebrate Friendship Day by holding a special event in honor of this day. It can be a social, Ladies Night Out, picnic, overnight trip to the city, etc. These are only a few examples; the possibilities are unlimited. The sole purpose is to get to know your fellow members a little better and to take the time to have some fun with them. Your event can be held any time during August. Send this completed form to USWT Membership Vice President, postmarked no later than October 1, for recognition at Mid-Year Convention.

Chapter _____ State _____

Print Name Of Event _____

Date Held _____

Number Of Members Attending _____

Description of Event



United States Women of Today

HEALTH AND WELLNESS CERTIFICATION FORM

Name _____ Chapter _____

Address _____ City _____ State _____ Zip _____

Email _____

Health and Wellness is designed to help each individual be aware of their physical, mental, and spiritual well being. This form may be completed once each year. Complete a minimum of 15 out of 30 items and submit it to your state officer postmarked no later than May 1st

- _____ Have a physical exam
- _____ Have an eye exam or hearing tested
- _____ Know your numbers {cholesterol, blood pressure, glucose, and body mass index }
- _____ Have a dental check up
- _____ Have a mammogram or Pap test
- _____ Have a colorectal cancer test
- _____ Have a bone density test
- _____ Have a flu or pneumonia shot
- _____ Perform monthly self breast or testicular exams
- _____ Be a registered organ donor
- _____ Quit smoking or support someone else
- _____ Donate blood or participate in an awareness walk (i.e. March for Babies, Relay for Life, Autism)
- _____ Wear your seatbelt or helmet
- _____ Do not text while you drive or use a hands free device while talking on your cell phone
- _____ Have a home fire drill or assemble an emergency preparedness kit
- _____ Certify in CPR or First Aid
- _____ Check your medication cabinet for out-dated items and dispose of them properly
- _____ Update your medical history
- _____ Eat breakfast everyday for at least a month
- _____ Keep a diary for at least a week of everything you eat
- _____ Exercise a minimum of 3 times per week for one month
- _____ Wear a pedometer
- _____ Attend a seminar, or health fair or read an article on a health topic or stress management
- _____ Keep a journal for at least one month
- _____ Watch a funny TV show or movie
- _____ Attend a fellowship breakfast
- _____ Participate in a prayer chain
- _____ Visit a nursing home, hospital or shut in.
- _____ Attend a spiritually orientated program or project
- _____ Other _____



United States Women of Today

Outstanding Achievement in Programming

Any member of the United States Women of Today may certify. Complete the form below and return it to the USWT Programming Vice President by September 1st for recognition at Midyear or by May 1st for recognition at Annual Convention.

Name _____ Date Joined _____

Chapter _____ State _____

Address _____ City _____ State _____ Zip _____

Email _____

_____ Certify in Health & Wellness (Date Completed) _____

_____ Certify in Personal Development (Date Completed) _____

_____ Certify in the STEP Area that applies to you (Date Completed) _____

_____ Participate in a program involving Domestic Violence Awareness

Event _____ [] Fundraising [] Educational [] Service Project

Date Completed _____

_____ Participate in a program offered in your chapter or state i.e. Ronald McDonald House, Flood for Crisis, March of Dimes, Relay for Life, Food Shelf, etc.

Name of Event _____ [] Fundraising [] Educational [] Service Project

Date Completed _____

_____ Participate in one competition on the State or National Level. This includes Speaking, Writing, Project Recognition or a Year-end Evaluation.

Type of Competition _____

Place _____ Date Completed _____

Area _____ Date completed _____

Certify in the STEP Program that applies to you. Date completed

Certify in Focus on Women/ Chaplain area. Date completed

Which area _____

Participate in a program involving the USWT External Area being promoted.

Print Name of Event _____

Date completed _____ [] Educational [] Fundraising

Participate in a program that is offered by your state and not the United States Women of Today. Examples include but not limited to Ronald McDonald House, Flood Crisis, Fire Relief, American Cancer Society, etc.

Print Name of Event _____

Date completed _____ [] Educational [] Fundraising

Participate in one competition on the State or National level. This includes Effective Speaking and Writing, STEP, Essay Competitions and Project Recognition, Year-end Evaluations.

Type of Competition _____

Place _____ Date completed _____



United States Women of Today

PERSONAL DEVELOPMENT CERTIFICATION FORM

Name _____ Chapter _____

Address _____ City _____ State _____ Zip _____ Email _____

Personal Development is designed to help each individual advance in personal growth, careers, and citizenship. This form may be completed once each year. Complete a minimum of 15 out of 30 items. And submit it to your state officer to be postmarked no later than May 1st.

- Complete an Effective Speaking impromptu
- Present a speech (4-6 minutes)
- Enter a writing or speaking competition
- Write an article for a chapter, state or national newsletter or a local newspaper
- Write an essay or short story (300-500 words)
- Write or update your resume
- Hold a Women of Today office on any level
- Participate in a leadership exercise
- Participate in a teambuilding exercise
- Participate in a listening exercise
- Participate in a family activity
- Participate in a chapter project
- Participate in a chapter social
- Attend a Women of Today seminar or forum
- Attend a continuing education class, seminar or pursue your GED
- Attend a seminar or update your own estate plan, will, or trust
- Attend a parenting, elder care, or foster parenting class
- Attend a program honoring outstanding women
- Attend a State or US Women of Today Convention
- Be a member of another organization
- Learn about power of attorney, durable power of attorney, or guardianship
- Learn about the US flag, the United States Currency, or visit a US Historical Site
- Learn about the care of your vehicle
- Learn how a bill becomes a law or another aspect of the government
- Interview a member of an older generation about changes they have seen in their lifespan
- Reconnect with a relative or friend
- Create a power point presentation
- Create a face book page and update regularly
- Create or work on a chapter website
- Other suggestions: _____



United States Women of Today

Project Recognition Statistics Sheet

1. Project Name _____
Project start date _____ Project completion date _____

2. Chapter Project
Name of Person Submitting entry _____
Address _____

Chapter name _____ State _____

Chapter Size _____ Community Population _____

3. State Project
Name of Person Submitting entry _____
Address _____

State name _____ State membership _____

4. Please check appropriate categories:
_____ Chapter Project _____ State Project

External Projects

_____ Fund Raising

_____ Education

_____ Service

Internal Projects

_____ Ways and Means Fund Raiser

_____ Member Enrichment

_____ Member Social



United States Women of Today

Project Recognition Outline

Following each roman number are examples of information that can be included. You may include more information than what is listed or you may include less information if the project dictates such.

Pages 1 - 4

I. Description of Project

- A. Brief description explaining the project

II. Purpose and Goals of Project

- A. Purpose
 - 1. Brief statement on why you are running project and what it entails
- B. Goals (MUST BE TANGIBLE AND SPECIFIC!)
 - 1. Number of people you wish to benefit/reach/participate
 - 2. Number of members you wish to participate
 - 3. Amount of money you wish to raise (when applicable)
 - 4. Other accomplishments you wish to achieve (must be MEASURABLE!)

*** You are judged on whether or not the goals are clearly stated

III. Promotion to Public and Chapter

- A. Public
 - 1. TV, radio, newspaper promotion used
 - 2. Fliers and posters distributed
 - 3. Public appearances made
 - 4. Outside contacts utilized
 - 5. Any additional PR used
- B. Chapter
 - 1. Newsletter article
 - 2. Phone contact made
 - 3. Personal contact made
 - 4. Promotional contest held/incentives given
 - 5. Any additional PR used for chapter members

*** You are judged on whether or not the project had good public promotion and chapter promotion

IV. Participation of Members and Number of Hours Worked

- A. Participation
 - 1. _____% of our members participated (or ____ out of ____ members participated)
- B. Number of members needed to run project successfully
- C. Hours Worked
 - 1. _____ number of hours worked by chairman/committee
 - 2. _____ number of hours worked by members (# of Hours X # of members)
 - 3. _____ numbers of hours attended by ____ members
 - 4. _____ total hours for project (Numbers 1 through 3 should total this line)

*** You are judged on whether chapter member participation was adequate and if you showed adequate hours worked on the project.



United States Women of Today

Project Recognition Outline Page 2

V. Budget

- A. Actual Income
- B. Actual Expenses
- C. Profit or loss

*** You are judged on whether actual income and expenses are shown

VI. Evaluation of Project

- A. Evaluate each goal listed in II.B. above and how it was met/not met

*** You are judged on your evaluation of the goals you set

VII. Recommendations

- A. What recommendations can you make to improve the project? (What do you suggest be repeated and what do you suggest not be repeated and why?)

*** You are judged on whether the recommendations made can assist in the future running of the project.

Pages 5 - 6

Substantiating material

Note: Outline and substantiating materials cannot exceed 6 pages total.

Mail 3 copies of entry with \$5.00 fee to USWT Programming Vice President

Deadline September 1 for midyear competition

(projects with completion date between 5/1 -8/15)

Deadline May 1 for annual competition

(projects with completion date between 8/16-4/30)



United States Women of Today

Public Relations Activity Report

Submit completed form to USWT Public Relations Director, postmarked no later than October 1st.

Founder's Day – July 1st

Describe what you did, how you promoted it and would you do it again.

Friendship Day – 1st Sunday in August

Describe what you did, how you promoted it and would you do it again.

Kid's Week – 3rd Full Week of August

Describe what you did, how you promoted it and would you do it again.

Women of Today Week – 3rd Full Week of September

Describe what you did, how you promoted it and would you do it again.



United States Women of Today

Public Relations: Shout Out With Pride

This Award is for programming run during Women of Today Week. Send completed form to MNWT Public Relations Director, who will forward it to the USWT PR Director, postmarked no later than October 10.

Chapter _____ State _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

1. Run a Public Relations Campaign -- Date _____

2. Hold a membership social -- Date _____

3. Hold a Special Event -- Date _____

4. Please include a brief synopsis of your public relations campaign and/or special event on the back of the form. Include copies of materials or media coverage if possible.

a) Community Size _____

b) How many people do you feel were reached? _____

c) Public Relation resource(s) used:

Newspaper

Radio

Television

d) It has been proven that marketing, advertising and participation in community events has an impact. Have you signed new members, had requests for information about the organization, etc. from this campaign? Please provide details.



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STEP I Certification

STEP I is designed to promote the orientation and activation of the new member. All steps of the program must be completed during the member's **first 120 days** (date from when dues are paid). By participating in the required activities, the new member becomes familiar with all levels of the organization. To certify in STEP I the individual must complete all of the mandatory requirements and two of the optional requirements. The certification form should be sent to the State Contact within 30 days of the completion of the program. REMEMBER THESE REQUIREMENTS MUST BE COMPLETED WITHIN THE FIRST 120 DAYS OF JOINING THE LOCAL CHAPTER.

Name _____ Date Joined _____ Date Certified _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Chapter _____ State _____

MANDATORY REQUIREMENTS - Please record the date of completion.

- Introduce yourself at your local meeting as a member Date _____
- Attend an orientation and/or local membership meeting Date _____
- Attend a chapter social or project (circle one) Date _____

OPTIONAL REQUIREMENTS - complete two of the following and please record the date of completion.

- Submit an idea for a new project (idea) _____ Date _____
- Visit another chapter and/or attend a state meeting (circle one) Date _____
- Bring a prospective member to a local membership meeting
(Name) _____ Date _____
- Participate in a Domestic Violence Awareness activity Date _____
- Join a Women of Today Facebook page Date _____
- Know and recite your local, state or USWT Creed (circle one) Date _____



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STEP II Certification

STEP II is designed for the member who has been a member for **12 months or less**. By participating in this program the member will become activated on all levels of the organization. To certify in STEP II, the member must complete all of the mandatory requirements and four of the optional requirements. The certification form should be sent to the State Contact within 30 days of the completion of the program. {It is not necessary to complete STEP I to complete STEP II}

Name _____ Date Joined _____ Date Certified _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Chapter _____ State _____

MANDATORY REQUIREMENTS - Please record the date of completion.

- Know and recite the USWT Creed Date _____
- Bring a prospective member to a meeting
(Name) _____ Date _____
- Certify in Personal Development or Health & Wellness (circle one) Date _____
- Participate in a Domestic Violence Awareness project Date _____

OPTIONAL REQUIREMENTS - Complete four of the following and please record the date of completion.

- Sign a new member (Name) _____ Date _____
- Certify in Personal Development or Health & Wellness (circle one) Date _____
- Attend another chapter, district, regional, state or national business meeting (circle one) Date _____
- Give a report at a meeting (Type) _____ Date _____
- Join a Women of Today Facebook page Date _____
- Give an invocation, benediction or lead the Pledge of Allegiance
or the Creed at any USWT function (circle one) Date _____
- Write an article for local newsletter or community newspaper for publication (circle one) Date _____
- Attend a Women of Today social Date _____
- Participate in a local Women of Today project (type) _____ Date _____
- Participate in the National President Challenge Date _____
- Create a Women of Today You Tube video (topic) _____ Date _____



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STEP III Certification

STEP III is designed for the member who has been a member for 1 to 5 years and for any past member in good standing that leaves the organization for any length of time and then rejoins the organization at a later date. This program is for continual activation of those members in all areas of the organization. To certify in STEP III, the member must complete all of the mandatory requirements and eight of the optional requirements. This can only be completed once per year. The certification form should be sent to the State Program Manager within 30 days of the completion of the program. (It is not necessary to have completed the earlier STEPs)

Name _____ Date Joined _____ Date Certified _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Chapter _____ State _____

MANDATORY REQUIREMENTS - Please record the date of completion.

- Know and recite the USWT Creed Date _____
- Sign a new member (Name) _____ Date _____
- Certify in Personal Development, Health & Wellness or participate in a Domestic Violence Awareness project (circle one) Date _____
- Attend another chapter or a district, regional, state or national business meeting or state committee meeting (circle one) Date _____
- Serve as a local officer or committee chair Date _____
- Participate in a local Ways and Means project (project) _____ Date _____

OPTIONAL REQUIREMENTS - complete eight of the following and please record the date of completion.

- Certify in Personal Development or Health & Wellness or participate in a Domestic Violence Awareness project (circle one) (in addition to the mandatory requirement) Date _____
- Attend another chapter, district, regional, state or national business meeting or state committee meeting (circle one) (in addition to the mandatory requirement) Date _____
- Participate in a state or national Ways and Means project _____ Date _____
- Attend a forum at a local, state or national meeting (circle one) Date _____
- Give a report at a meeting (type) _____ Date _____
- Bring an additional prospective member (Name) _____ Date _____
- Chair or Co-Chair a Membership-Night (circle one) Date _____
- Attend a USWT Midyear or Annual Convention (circle one) Date _____
- Create and/or maintain a webpage or Facebook page Date _____
- Speak at a function on behalf of Women of Today Date _____
- Reactivate a member or participate in an extension (Name) _____ Date _____
- Participate in Women of Today Week or Volunteer Recognition Week (circle one) Date _____
- Participate in a state and/or national competition (circle one) Date _____
- Serve as a state or national officer (position) _____ Date _____
- Complete Outstanding Achievement in Programming (OAP) Date _____
- Participate in a local or state external foundation activity (Foundation) _____ Date _____
- Participate in the National President Challenge Date _____
- Create a Women of Today You Tube video (topic) _____ Date _____



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STEP IV Certification

STEP IV is designed for the member who has been a member for 6 years or more and for any past member in good standing that leaves the organization for any length of time and then rejoins the organization at a later date. This program is for continual activation of those members in all areas of the organization. To certify in STEP IV, the member must complete all of the mandatory requirements and eight of the optional requirements. This can only be completed once per year. The certification form should be sent to the State Contact within 30 days of the completion of the program.

Name _____ Date Joined _____ Date Certified _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Chapter _____ State _____

MANDATORY REQUIREMENTS - Please record the date of completion.

- Know and recite the USWT Creed Date _____
- Sign a new member (Name) _____ Date _____
- Participate in Women of Today or Volunteer Recognition Week Activity (circle one) Date _____
- Present or organize a forum at a Women of Today function (topic) _____ Date _____
- Certify in Personal Development, Health & Wellness or participate in Domestic Violence Awareness project (circle one) Date _____
- Attend another chapter or a district, regional, state or national business meeting or state committee meeting (circle one) Date _____
- Chair a local project (project) _____ Date _____
- Participate in a local Ways and Means project Date _____
- Chair or co-chair a chapter Membership night or social Date _____
- Participate in a National President's Challenge Date _____

OPTIONAL REQUIREMENTS - complete eight of the following and please record the date of completion.

- Serve as a mentor to a new member (Name) _____ Date _____
- Speak at a function on behalf of Women of Today Date _____
- Bring an additional prospective member (Name) _____ Date _____
- Participate in a state or national Ways and Means project (project) _____ Date _____
- Reactivate a member or participate in an extension (Name) _____ Date _____
- Participate in a local or state external foundation activity (foundation) _____ Date _____
- Participate in a state and/or national competition (circle one) Date _____
- Create and/or maintain a webpage or Facebook page Date _____
- Give a report at a meeting (type) _____ Date _____
- Create a Women of Today You Tube video(topic) _____ Date _____
- Serve as a state or national officer or committee member (position) _____ Date _____
- Write an article for your community newspaper Date _____
- Attend a USWT Midyear or Annual Convention Date _____
- Participate in a USWT function other than above, i.e. Founder's Day, etc (activity) _____ Date _____