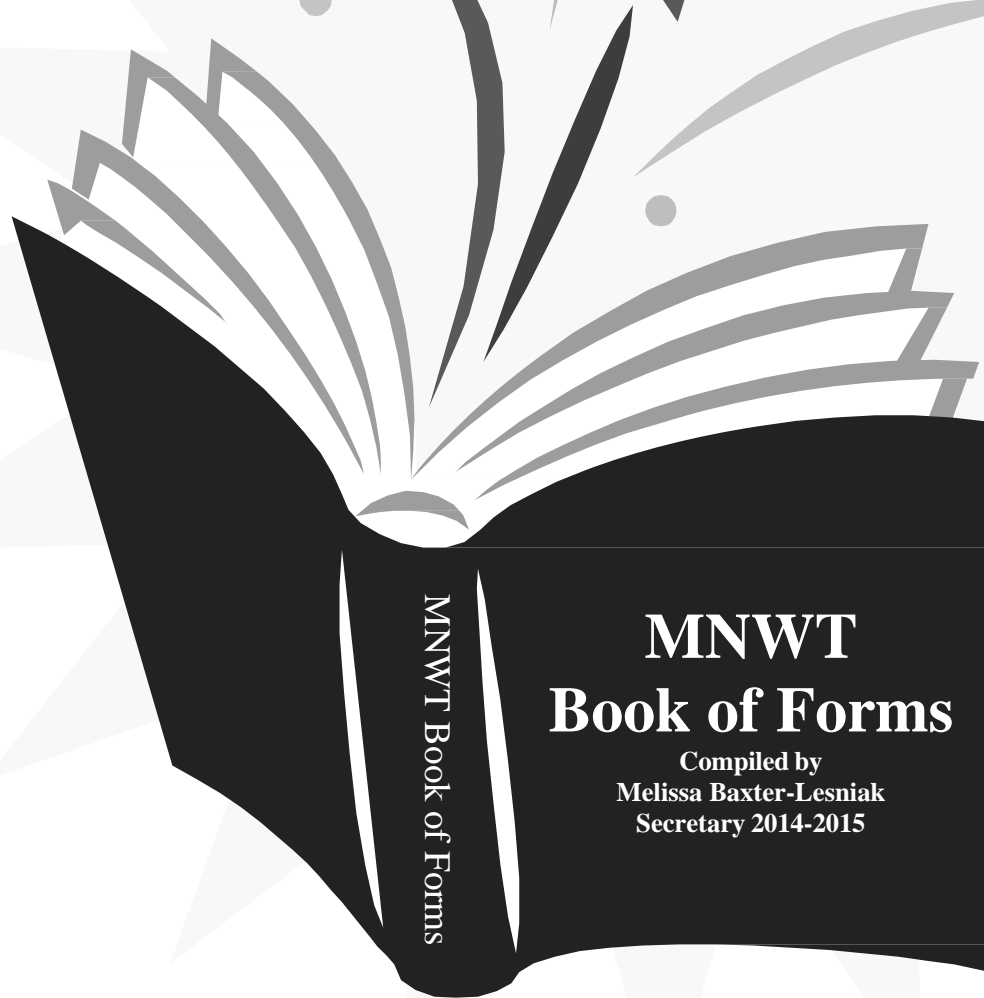


# Minnesota Women of Today Book of Forms 2014-2017



MNWT Book of Forms

**MNWT**  
**Book of Forms**

Compiled by  
Melissa Baxter-Lesniak  
Secretary 2014-2015



# Minnesota Women of Today

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# Minnesota Women of Today

## Purpose

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 2014 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 2017. 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 2009-2010; 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; this manual is currently being updated.
- **M-Night Manual** – manual distributed 2004; includes suggestions for membership night events.
- **Outstanding Awards Manual** – manual distributed 2012; includes guidelines on competition and entry requirements. This manual is also available online.
- **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.



# Minnesota Women of Today

## Personal Enrichment Programs

- 212 Degrees: The Extra Degree- video published 2013
- 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
- *I Am Beautiful* – video published 2004
- 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
- Pulling Together: High Performance Teamwork- video published 2013
- *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 Melissa Baxter-Lesniak, 2014-2015 State Secretary, with the assistance of Katie Castro, Executive Director. Distribution took place at Winter State Awards 2015.



# Minnesota Women of Today

## Membership

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# Minnesota Women of Today

## Growth Plan<sup>1</sup>

PLEASE TYPE OR PRINT.

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.

5. Subtract the Renew Trimester Total (from III.3) 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.

6. 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 Tri 1 _____	Ending Base Tri 2 _____
Minus Due Tri 1 _____	Minus Due Tri 2 _____	Minus Due Tri 3 _____
Plus Renew Tri 1 _____	Plus Renew Tri 2 _____	Plus Renew Tri 3 _____
Equals Tri 1 Goal	Equals Tri 2 Goal	Equals Tri 3 Goal

<sup>1</sup> Growth Plan | Revised 2010 | Reviewed 2014 by MVP



# Minnesota Women of Today

## Individual Recruiter<sup>2</sup>

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<sup>3</sup>

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 meeting date(s)? [ ] No [ ] Yes, if so when? \_\_\_\_\_

Who will be organizing the first Information meeting? \_\_\_\_\_

Who will be assisting with this Extension? \_\_\_\_\_

Name of President or Extension Team Member \_\_\_\_\_

Address \_\_\_\_\_

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

President's Signature \_\_\_\_\_

Name of State Delegate or Extension Team Member \_\_\_\_\_

Address \_\_\_\_\_

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

State Delegate's Signature \_\_\_\_\_

Name of Extension Chairman or Extension Team Member \_\_\_\_\_

Address \_\_\_\_\_

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

Extension Chair's Signature \_\_\_\_\_

Any other pertinent information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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# Minnesota Women of Today

## Chapter Officer Sheet<sup>4</sup>

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 \_\_\_\_\_

State Delegate \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Internal VP \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

External VP \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Membership VP \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Secretary \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Past President \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Director (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

<sup>4</sup> Chapter Officer Sheet | Revised 2011 | Reviewed 01/18/14 by CMVP  
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# Minnesota Women of Today

## Gold Member Application<sup>5</sup>

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

Experience pertaining to this position \_\_\_\_\_

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

- Orientations
- Membership Recruitment
- Fundraising/Grant Writing
- Planning M-Nights and Socials
- Internal Conflicts
- Problem Solving
- Public Relations, Training, Mentoring, Newsletter
- Social Media/Online Training
- Other \_\_\_\_\_

- What other passions are you willing to share? \_\_\_\_\_

\_\_\_\_\_

- What 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<sup>6</sup>

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

Date request received \_\_\_\_\_ GOLD Team member assigned \_\_\_\_\_

Report in from GOLD Team:  No  Yes, Date \_\_\_\_\_ Date of GOLD Team visit \_\_\_\_\_

General recommendation/result of visit

<sup>6</sup> GOLD Member Visitation Request | Revised 2011 | Reviewed 01/18/14 by CMVP  
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# Minnesota Women of Today

## Intent to Reactivate<sup>7</sup>

PLEASE TYPE OR PRINT. 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? \_\_\_\_\_ If 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

<sup>7</sup> Intent to Reactivate | Revised 2011 | Reviewed 01/18/14 by CMVP



# Minnesota Women of Today

## Local President Monthly Report<sup>8</sup>

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

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

### Events Held

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

Event & Location	# of Members Attended	# of Guests Attended

<sup>8</sup> Local President Monthly Report | Revised 5/2009 | Reviewed 01/18/14 by CMVP



# Minnesota Women of Today

## 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 Programming VP or District Director.

Trimester  1  2  3 Chapter \_\_\_\_\_ District \_\_\_\_\_

Programming Area \_\_\_\_\_

Print Name \_\_\_\_\_  LPM  Other \_\_\_\_\_

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

### Internal

Certifications \_\_\_\_\_ Number of Certifications \_\_\_\_\_

Chapter Certified  Yes  No

### 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 \_\_\_\_\_

### State Entries

Award \_\_\_\_\_ Number of State Entries \_\_\_\_\_

Award \_\_\_\_\_ Number of State Entries \_\_\_\_\_

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<sup>9</sup>

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<sup>10</sup>

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 \_\_\_\_\_

Trimester  1  2  3 Chapter \_\_\_\_\_ District \_\_\_\_\_

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:

<sup>10</sup> State Delegate Trimester Report | Revised 2011 | Reviewed 01/18/14 by AVP



# Minnesota Women of Today

## Internal Programming

Programming Area	Certifications / Entries	Type of Certification	Activities / Programs
<b>Living and Learning</b>			
<b>NEWSLET</b>			
<b>Public Relations</b>			
<b>Records and Recognition</b>			
<b>Ways &amp; Means</b>			

## External Programming

Programming Area	Service Hours	Money Donated	Project Name(s)
<b>Community Connections</b>			
<b>Priority Project Area</b>			
<b>Women's Wellness</b>			
<b>Youth of Today</b>			





# Minnesota Women of Today

## Officer Evaluations

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# Minnesota Women of Today

## New Chapter President Evaluation<sup>12</sup>

PLEASE TYPE OR PRINT.

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** (List the actions you took to accomplish this goal)
2. **Results** (List what happened as the results of your actions – e.g. number of new members signed, number of certifications)
3. **Lessons Learned** (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, President/State Delegate Retreat, district director, extension chairs, etc.)

III. **Chapter Membership**

A. Chapter charter date \_\_\_\_\_ Charter membership \_\_\_\_\_

B. Current membership \_\_\_\_\_

C. 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.

<sup>12</sup> New Chapter President Evaluation | Revised 2007 | Reviewed 2015 by R&R SPM



# Minnesota Women of Today

## Chapter President Evaluation<sup>13</sup>

PLEASE TYPE OR PRINT.

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** (List the actions you took to accomplish this goal)
2. **Results** (List what happened as the results of your actions – e.g. number of new members signed, number of certifications)
3. **Lessons Learned** (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, President/State Delegate 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.

<sup>13</sup> Chapter President Evaluation | Revised 2007 | Reviewed 2015 by R&R SPM





# Minnesota Women of Today

## New State Delegate Evaluation<sup>14</sup>

PLEASE TYPE OR PRINT.

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** (List the actions you took to accomplish this goal)
2. **Results** (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** (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, President/State Delegate Retreat, district director, etc.)

III. **Membership**

A. Chapter charter date \_\_\_\_\_ Charter membership \_\_\_\_\_

B. Current membership \_\_\_\_\_

C. 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.

<sup>14</sup> New State Delegate Evaluation | Revised 2007 | Reviewed 2015 by R&R SPM



# Minnesota Women of Today

## Chapter State Delegate Evaluation<sup>15</sup>

PLEASE TYPE OR PRINT.

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** (List the actions you took to accomplish this goal)
2. **Results** (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** (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, President/State Delegate 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.

<sup>15</sup> Chapter State Delegate Evaluation | Revised 2007 | Reviewed 2015 by R&R SPM



# Minnesota Women of Today

## Minnesota Programming

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# Minnesota Women of Today

## Community Connections Joint Ventures Award Nomination<sup>16</sup>

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PLEASE TYPE OR PRINT. 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?



# Minnesota Women of Today

## Community Connections

### Civic or Environmental Project Award Nomination<sup>17</sup>

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PLEASE TYPE OR PRINT. 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.



# Minnesota Women of Today

## Community Connections Community Impact Award Nomination<sup>18</sup>

PLEASE TYPE OR PRINT. 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?



# Minnesota Women of Today

## Community Connections Award Stat Sheet<sup>19</sup>

PLEASE TYPE OR PRINT.

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<sup>20</sup>

PLEASE TYPE OR PRINT. 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](http://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: \_\_\_\_\_





# Minnesota Women of Today

## 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

## Outstanding Person with Developmental Challenges Award Vital Statistics Form<sup>21</sup>

PLEASE TYPE OR PRINT.

Nominee's Full Name: \_\_\_\_\_

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

Name of Parents or Guardian: (if applicable) \_\_\_\_\_

Name of Nominating Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Name of Chairperson: \_\_\_\_\_

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

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

Local Nominator's Name: \_\_\_\_\_

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

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

Position/Title (if any): \_\_\_\_\_

Hometown Newspaper: \_\_\_\_\_

Hometown Newspaper Contact: \_\_\_\_\_

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

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

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

## Outstanding Person with Developmental Challenges Entry Resume<sup>22</sup>

PLEASE TYPE OR PRINT.

### 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 10pt 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 family.

#### IV. Awards and Recognition

List any awards/recognition the nominee has received. This could also include verbal recognition.

#### V. Statement from Nominee

Give a brief statement from the nominee on “What does he/she like 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

## Outstanding Person with Developmental Challenges Nomination Form<sup>23</sup>

PLEASE TYPE OR PRINT. 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: \_\_\_\_\_

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

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:

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_



# Minnesota Women of Today

## Outstanding Young Adult Nomination<sup>24</sup>

PLEASE TYPE OR PRINT. 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:

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_



# Minnesota Women of Today

## Outstanding Young Adult Vital Statistics<sup>25</sup>

PLEASE TYPE OR PRINT.

Nominee's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Name of Parent(s) or Guardians(s): \_\_\_\_\_

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

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

Names/Ages of Siblings: \_\_\_\_\_

Newspaper Contact Information (address, phone, email address): \_\_\_\_\_

Name of Nominating Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Name of Chairperson: \_\_\_\_\_

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

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

Local Nominator's Name: \_\_\_\_\_

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

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

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

## Outstanding Young Adult Entry Resume<sup>26</sup>

PLEASE TYPE OR PRINT.

### 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.

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



# Minnesota Women of Today

## Personal Enrichment Program Certification<sup>27</sup>

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 \_\_\_\_\_

Briefly 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

## Project of the Trimester<sup>29</sup>

PLEASE TYPE OR PRINT. Postmark to appropriate state program manager three (3) weeks prior to state meeting. Nominations can be made by chapter president, district director, and 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 \_\_\_\_\_

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

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

## Women Who Impact Nomination<sup>30</sup>

PLEASE TYPE OR PRINT. 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. Must be postmarked by November 1.

Nominee's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Nomination Category:  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:

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_



# Minnesota Women of Today

## Women Who Impact Award Vital Statistics<sup>31</sup>

PLEASE TYPE OR PRINT. Must be postmarked by November 1st.

Nominee's Full Name: \_\_\_\_\_

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

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

Name of Spouse: (if applicable) \_\_\_\_\_

Name of Nominating Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Name of Chairperson: \_\_\_\_\_

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

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

Newspaper Contact: \_\_\_\_\_

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

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

Local Nominator's Name: \_\_\_\_\_

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

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

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<sup>32</sup>

PLEASE TYPE OR PRINT.

### Guidelines

- Must be postmarked by Nov. 1st
- 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

## Recognition

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# Minnesota Women of Today

## Presidential Pin Nomination<sup>33</sup>

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		Number held	Number attended
Local Meetings			State Meetings		
District 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 \_\_\_\_\_

<sup>33</sup> Presidential Pin Nomination | Revised 5/2005 | Reviewed 2015 by President



# Minnesota Women of Today

## Presidential Medallion Nomination<sup>34</sup>

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		Number held	Number attended
Local Meetings			State Meetings		
District 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 Women Nomination<sup>35</sup>

PLEASE TYPE OR PRINT. **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 \_\_\_\_\_



# Minnesota Women of Today

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



# Minnesota Women of Today

## 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 our organization for involvement and personal growth?
  
17. 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<sup>36</sup>

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.



**MNWT Foundation**

# MNWT Foundation

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# MNWT Foundation

## Cheryl L Anderson Scholarship Application<sup>37</sup>

PLEASE TYPE OR PRINT. 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.

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



# MNWT Foundation

## Cheryl L Anderson Scholarship Financial Needs Statement<sup>38</sup>

Print Name \_\_\_\_\_

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

<b>Estimated Annual Educational Expenses</b>	
Tuition	
Books	
Supplies	
Other	
<b>Total Expenses</b>	



# MNWT Foundation

## Straight River Scholarship Application<sup>39</sup>

PLEASE TYPE OR PRINT. Please include a brief statement of financial need not indicated on the form.

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.

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)





PLEASE TYPE OR PRINT. 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 \_\_\_\_\_ Chapter President Signature \_\_\_\_\_

Date \_\_\_\_\_ 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?



# MNWT Foundation

- 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)			
<b>Total Income</b>		<b>Total Expenses</b>	



# MNWT Foundation

## Chapter Reactivation Grant<sup>41</sup>

PLEASE TYPE OR PRINT. Send to Chapter Management VP Minnesota Women of Today.

Chapter \_\_\_\_\_ District No. \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Date of Application \_\_\_\_\_ 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: \_\_\_\_\_ Dated \_\_\_\_\_  
Chapter President

RECOMMENDED BY: \_\_\_\_\_ Dated \_\_\_\_\_  
Chapter Management VP, Minnesota Women of Today

<sup>41</sup> Chapter Reactivation Grant | Revised 2010 | Reviewed 2015 by MNWT Foundation Chair  
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# MNWT Foundation

## Matching Marketing Grant Application<sup>44</sup>

PLEASE TYPE OR PRINT. Chapters or districts who take part in a marketing event, with the intent of recruiting new member names for current chapters or a new extension, may apply for a grant from the MNWT Foundation. The following criteria apply:

1. Grant program is designed as a matching grant reimbursement, up to \$250. (Please include a copy of receipts.)
2. Following the event, the entire list of potential members (including all contact information) must be forwarded to the Extensions Director and the Executive Director for review. Reimbursement will occur after names are submitted to the Extensions Director and Executive Director.
3. The application must be submitted at least 30 days prior to the event.
4. Only one chapter/district may apply for funds for the same event.

Copies of this application should be mailed or sent to the Extensions Director [extensions@mnwt.org](mailto:extensions@mnwt.org) and the MNWT Foundation Chair [foundation@mnwt.org](mailto:foundation@mnwt.org)

Chapter: \_\_\_\_\_ District: \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_

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

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

Chapter president or DD: \_\_\_\_\_ Phone \_\_\_\_\_

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

Amount requested: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Contact Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I. Summary of Project-Summarize the event, briefly and concisely.

II. Detail Expenses-Include receipts.

III. What chapters and/or district will benefit from the event? Provide a brief explanation.

Add additional spacing as necessary.

<sup>44</sup> Matching Marketing Grant Application | Reviewed 2015 by MNWT Foundation Chair  
© 2015 Minnesota Women of Today



# Minnesota Women of Today

## Bid Forms

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# Minnesota Women of Today

## External Projects Intent to Bid<sup>45</sup>

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?  Yes, please attach copy of most recent review.

No, please request check list from External Vice President, State President and Executive Director.

Other comments





# Minnesota Women of Today

## State Program Manager Bid<sup>46</sup>

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 \_\_\_\_\_

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<sup>47</sup>

PLEASE TYPE OR PRINT. 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<sup>48</sup>

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<sup>49</sup>

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

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# United States Women of Today

## All American Chapter<sup>50</sup>

PLEASE TYPE OR PRINT. 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 10.

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, or STEP), 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.



# United States Women of Today

## Buckets of Sunshine Participation Form<sup>51</sup>

PLEASE TYPE OR PRINT. 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.):



**Women of Today  
Buckets of Sunshine**



# United States Women of Today

## Fellowship Builder Award<sup>52</sup>

PLEASE TYPE OR PRINT. 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 1st.

Chapter \_\_\_\_\_ State \_\_\_\_\_

Name of Friendship Day Event \_\_\_\_\_

Date Held: \_\_\_\_\_ Number of Members Attending \_\_\_\_\_

Brief Description of Event:

Name of Event #2 \_\_\_\_\_

Date Held: \_\_\_\_\_ Number of Members Attending \_\_\_\_\_

Brief Description of Event:

Name of Event #3 \_\_\_\_\_

Date Held: \_\_\_\_\_ Number of Members Attending \_\_\_\_\_

Brief Description of Event:

Name of Event #4 \_\_\_\_\_

Date Held: \_\_\_\_\_ Number of Members Attending \_\_\_\_\_

Brief Description of Event:





# United States Women of Today

## Founder's Day Participation Form<sup>53</sup>

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

Chapter \_\_\_\_\_ State \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Was a press release submitted to your local newspaper for Founder's Day?  No  Yes, please attach a copy.

Description of Event



# United States Women of Today

## Friendship Day Certification Form<sup>54</sup>

PLEASE TYPE OR PRINT. 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 September 1st, for recognition at Mid-Year Convention.

Chapter \_\_\_\_\_ State \_\_\_\_\_

Name of Event \_\_\_\_\_

Date Held \_\_\_\_\_ Number of Members Attending \_\_\_\_\_

Description of Event



# United States Women of Today

## Health and Wellness Certification Form<sup>55</sup>

PLEASE TYPE OR PRINT. 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 USWT year. Complete a minimum of 15 out of the following 30 items and submit it to your state contact postmarked no later than May 1.

Name \_\_\_\_\_ Date Joined \_\_\_\_\_ Date Certified \_\_\_\_\_

Chapter \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

- 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 outdated items and dispose of them properly
- Update your medical history
- Eat breakfast every day 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 for 2 months
- Attend a seminar, health fair, or read an article on a health topic (i.e. stress management, exercising, weight loss, etc.)
- Keep a journal for at least one month on diet, time management, mood or exercise
- Watch a funny TV show or movie \_\_\_\_\_
- Attend a fellowship breakfast or 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<sup>56</sup>

PLEASE TYPE OR PRINT. 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 1 for recognition at Mid-Year or by May 1 for recognition at Annual Convention.

Name \_\_\_\_\_

Chapter \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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  
Date Completed \_\_\_\_\_

Fundraising Educational Service Project  
Name of Event \_\_\_\_\_  
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.)  
Date Completed \_\_\_\_\_

Fundraising Educational Service Project  
Name of Event \_\_\_\_\_  
Date Completed \_\_\_\_\_

Participate in one competition on the State or National Level. This includes Speaking, Writing, Project Recognition or a Mid-Year or Year-End Evaluation.  
Type of Competition \_\_\_\_\_  
Place \_\_\_\_\_  
Date Completed \_\_\_\_\_



# United States Women of Today

## Personal Development Certification Form<sup>57</sup>

PLEASE TYPE OR PRINT. Personal Development is designed to help each individual advance in personal growth, careers, and citizenship. This form may be completed once each USWT year. These items can be done anywhere; such as in church, school, or other organization. Complete a minimum of 15 out of 30 items. Submit it to your state contact so as to be postmarked no later than May 1.

Name \_\_\_\_\_ Date Joined \_\_\_\_\_ Date Certified \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Chapter \_\_\_\_\_ State \_\_\_\_\_

- 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 at 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 United States Women of Today Convention
- Be a member of another organization
- Learn about power of attorney, durable power of attorney, or guardianship
- Learn about the United States flag, the United States Currency, or visit a United States 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 PowerPoint presentation
- Create a Facebook page and update regularly
- Create or work on a chapter website
- Other suggestions: \_\_\_\_\_



# United States Women of Today

## Project Recognition Statistics Sheet<sup>58</sup>

PLEASE TYPE OR PRINT.

Project Name \_\_\_\_\_

Project Start Date \_\_\_\_\_ Project Completion Date \_\_\_\_\_

Check the appropriate boxes:  Chapter Project  State Project

- INTERNAL** (membership drives/socials/awards/public relations/personal enrichment)
- WAYS & MEANS** (raise funds to operate state or chapter: monies raised goes into general fund)
- INVOLVEMENT (FUNDRAISING):** money raised for another organization or specific community service project
- COMMUNITY INVOLVEMENT (NON-FUNDRAISING):** projects run within community for betterment or education.
- CHAPTER PUBLICATION(S):** includes Plan of Action, chapter/state newsletters, and membership handbooks,

Chapter \_\_\_\_\_ State \_\_\_\_\_

Community Population/State Membership \_\_\_\_\_ Chapter Size \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

I hereby attest that the facts contained herein are reliable and true and give permission for the facts to be used for publication.

SIGNATURE (President or Project Chair) \_\_\_\_\_



# United States Women of Today

## Shout Out With Pride<sup>59</sup>

PLEASE TYPE OR PRINT. This Award is for programming run during Women of Today Week. This is celebrated the last full week in September. Send completed form to USWT Public Relations Director, postmarked no later than December 10.

Name \_\_\_\_\_

Chapter \_\_\_\_\_ State \_\_\_\_\_

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.



# United States Women of Today

## STEP I: Success through Enthusiastic Participation<sup>60</sup>

PLEASE TYPE OR PRINT. 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 (2) 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 State or USWT Creed (circle one) Date \_\_\_\_\_





# United States Women of Today

## STEP II: Success through Enthusiastic Participation<sup>61</sup>

PLEASE TYPE OR PRINT. 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 local membership 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 (4) 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 Face book 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 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 \_\_\_\_\_



# United States Women of Today

## STEP III: Success through Enthusiastic Participation<sup>62</sup>

PLEASE TYPE OR PRINT. 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 DVA Event (circle one)  
Project \_\_\_\_\_ Date \_\_\_\_\_
- Attend a local/district/regional/state/national meeting (circle one) Date \_\_\_\_\_
- Serve as a local officer or committee chair Date \_\_\_\_\_
- Participate in a local Ways and Means Event \_\_\_\_\_ Date \_\_\_\_\_

### OPTIONAL REQUIREMENTS: Complete eight (8) of the following and please record the date of completion.

- Certify in Personal Development or Health & Wellness or participate in a DVA Event in addition to the mandatory requirement (circle one) Project \_\_\_\_\_ Date \_\_\_\_\_
- Attend a 2nd local/district/regional/state/national meeting (circle one) Date \_\_\_\_\_
- Participate in a state/national W&M project – Event \_\_\_\_\_ 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 (circle one) Date \_\_\_\_\_
- Participate in WT 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 YouTube video – Topic \_\_\_\_\_ Date \_\_\_\_\_



# United States Women of Today

## STEP IV: Success through Enthusiastic Participation<sup>63</sup>

PLEASE TYPE OR PRINT. 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 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 WT or Volunteer Recognition Week Activity (circle one) Date \_\_\_\_\_
- Present/organize a training/forum at a WT function – Topic \_\_\_\_\_ Date \_\_\_\_\_
- Certify in Pers Dev, H&W or participate in DMV project (circle one) Date \_\_\_\_\_
- Attend a local/district/regional/state/national meeting (circle one) Date \_\_\_\_\_
- Chair a local project – Name \_\_\_\_\_ 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 (8) 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/national W&M project  
Event \_\_\_\_\_ Date \_\_\_\_\_
- Reactivate a member or participate in an extension  
Name \_\_\_\_\_ Date \_\_\_\_\_
- Participate in a local or state external foundation activity  
Area \_\_\_\_\_ 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 WT YouTube 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 \_\_\_\_\_