### Nominee Information (please print or type)

|  |  |
| --- | --- |
| Nominee Full Name |       |
| Current Position/Title |  |
| Business/Organization |  |
| Address |       |
| City |       |
| State |    |
| ZIP Code |       |
| Work Phone  |       |
| Home |       |
| Cell Number |       |
| E-Mail |       |
| Web Address |       |

### Nomination Category (Please Check One)

[ ]  Business [ ]  Career [ ]  Domestic Violence [ ]  Education [ ]  Philanthropy [ ]  Volunteerism

1. Why should the nominee be recognized as a SOFEI Champion?

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|       |

1. What barrier did the nominee overcome to create economic stability and independence?

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|       |

1. Based on the nomination category, please describe the impact the nominee made in her life or the life of others which resulted in economic independence.

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|       |

1. Approximately, how many lives have been changed as a result of the nominee?

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|       |

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| --- | --- |
| **Nominator Information** |  |
| Nominator’s Full Name |       |
| Relationship to Nominee |  |
| Current Position/Title |  |
| Business/Organization |  |
| Address |       |
| City |       |
| State |    |
| ZIP Code |       |
| Work Phone  |       |
| Home |       |
| Cell Number |  |
| E-Mail |       |

I attest the information included for this nomination is true to the best of my knowledge.

|  |
| --- |
| Nominator’s Name: |
| Signature: |
| Date: |

Please submit nomination form by January 9, 2017 via email to **events@sofeigroup.org**or mail to:

**Ambassadors for Economic Independence**

**C/O The SOFEI Group, Inc.**

**137 National Plaza, Suite 300**

**Oxon Hill, MD 20607**