



# Women's Health Leadership TRUST 2025 Mentor of the Year Submission Form

**Please return all completed nominations to [info@whltrust.org](mailto:info@whltrust.org) by **January 31, 2025**.**

*\*REQUIRED FIELDS*

**Q1: Provide us with your contact information. Any person, whether a member of the Women's Health Leadership TRUST or not, may nominate someone for the Mentor of the Year Award.**

Your First and Last

Name: \* Your Email: \*

Your Phone: \*

**Q2: Nominee Information. Provide us with the nominee's information. All nominees must be members of the Women's Health Leadership TRUST. Professional coaches are not eligible for the Mentor of the Year Award.**

Nominee First and Last Name: \*

Nominee Role: \*

Nominee Email: \*

Nominee Phone: \*

**Q3: Short description of the relationship of the nominating individual(s) and nominee: \***

**Q4: Short description of the nominee impact on the individual(s), team, group or environment: \***

**Q5: Nominee Attributes. Provide short descriptions of how the nominee demonstrates these attributes. Please complete at least three (3) of the following six (6) sections. Be as specific as possible with your examples.\***

Strong Communicator Example:

A Connector Example:

Accessible / Approachable Example:

Wisdom Example:

Integrity / Genuine Example:

Supporting work/life Integration Example:

**Q7: Anything else you think we should know about the nominee?**

**Please return all completed nominations to [info@whltrust.org](mailto:info@whltrust.org) by **January 31, 2025**.**