

**MASSACHUSETTS NURSES ASSOCIATION  
2025 AWARD NOMINATION FORM**

I am interested in submitting for consideration by the MNA Awards Committee the name of the individual indicated below for one of the following awards:

- |   |  |
|---|--|
| <input type="checkbox"/> Elaine Cooney Labor Relations Award                                | <input type="checkbox"/> MNA Advocate for Nursing and Healthcare Professionals Award |
| <input type="checkbox"/> The MNA Kathryn McGinn Cutler Advocate for Health and Safety Award | <input type="checkbox"/> MNA Excellence in Clinical Practice Award                   |
| <input type="checkbox"/> MNA Human Needs Service Award                                      | <input type="checkbox"/> MNA Education Award   |
| <input type="checkbox"/> MNA Research Award   | <input type="checkbox"/> Eileen Norton Labor Activist Award                          |
| <input type="checkbox"/> MNA Image of the Professional Nurse Award                          | <input type="checkbox"/> Retired MNA Member Award                                    |
| <input type="checkbox"/> Judith Shindul-Rothschild Award                                    | <input type="checkbox"/> MNA Mentor Award  |
| <input type="checkbox"/> MNA Image of the Professional Healthcare Provider Award            | <input type="checkbox"/> Doris Gagne Addictions Nursing Award                        |
| <input type="checkbox"/> MNA Bargaining Unit Rookie of the Year Award                       | <input type="checkbox"/> MNA Solidarity Award  |

**Nominees for all but the Advocate for Nursing Award, the Kathryn McGinn Cutler Advocate for Health and Safety Award, and the Human Needs Service Award must be MNA members.**

*Please type or print - do not abbreviate:*

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Name of Nominee	MNA Membership #
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Address	City	State	Zip
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Home Phone	Business Phone
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**Educational Preparation** (school, degree, year):

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**Present Employment:**

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**Work History** (if resume not included):

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**Present Offices/Association Activities:** (Congresses, Task Forces, Committees) If applicable

Regional Councils: \_\_\_\_\_

MNA: \_\_\_\_\_

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**Past Offices/Association Activities:** (past five years only)

Regional Councils: \_\_\_\_\_

MNA: \_\_\_\_\_  
\_\_\_\_\_

**Other Professional/Community Activities:**

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

**Statement of the Nominator:** Please provide on separate sheet information to support your nomination, addressing each criterion listed under the award for which this individual has been nominated.

**The following statement applies only to nominees who are members of MNA or non-RN full Labor Relations Program members.**

**I verify that this nominee has not violated a lawful MNA work action/strike and has not engaged in any anti-union activity.**

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
MNA Membership Number

\_\_\_\_\_  
Nominator's Email Address

**Please note: The nominator must have obtained the nominee's permission to submit the nomination.**

THE NOMINATOR IS RESPONSIBLE FOR RETURNING THIS COMPLETED FORM WITH **ALL OF THE FOLLOWING:** (please verify that each item listed below has been included with this form).

1. \_\_\_\_\_ Massachusetts Nurses Association 2025 Award Nomination Form
2. \_\_\_\_\_ A statement indicating why the individual you have recommended qualifies for this award (see attached criteria for each award). **Address each criterion separately.**
3. \_\_\_\_\_ Resume/work history of nominee.
4. \_\_\_\_\_ One letter of support from an individual (other than the nominator) or structural unit giving examples of how the nominee meets the award criteria. **(Please limit to 150 words).**
5. \_\_\_\_\_ Is the bargaining unit committee aware of this nomination? Yes/No

**Nominations must be accompanied by the required information list above. Materials may not be sent under separate cover. Incomplete nominations will be returned to the nominator. Nominations received at MNA after the deadline will not be accepted. Nomination Form is also available online at: [www.massnurses.org](http://www.massnurses.org)**