**Mississippi University for Women**

**University Impact Initiative Award**

**Nomination Form**

**Purpose:**

This award is designed to recognize a unit that exemplifies the excellence that is MUW through its efforts to enhance diversity, promote cultural diversity, and cultivate an inclusive campus community. These efforts may be, but are not limited to the following areas:

**Teaching** – new teaching methods or education programs

**Service** – community / campus involvement, engagement with prospective students

**Leadership** – active leadership of ideas embodied in the award

**Eligibility:**

A unit is considered to be any department/division, administrative unit, or any officially recognized organizations at The W and are eligible for consideration.

**Awards:**

$1000 funding to sustain the initiative

One table (seats 8) at the Excellence in Diversity Award luncheon in January 2024

**Nomination Packets:**

The following must be addressed in your nomination packet:

* Completed **nomination form**
* **Description** (750 words or less, strictly enforced)
  + Describe the initiative
  + Explain how it has enhanced diversity, promoted cultural diversity, and/or cultivated an inclusive campus community
  + Quantitative information, if appropriate, that describes the scale of the project
* Exactly **one letter of nomination** (from the nominator)
* Exactly **two letters of impact** (from individuals impacted by the program)

**Deadline:**

Nomination Packets should be sent to Leigh Yarborough in the President’s Office, W-Box 1600, by 5:00 p.m. on Friday, December 8, 2023 or may be emailed to [lmyarborough@muw.edu](mailto:lmyarborough@muw.edu).

Nominee Information:

Name of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Initiative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Contact Name / Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone / Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator:

Nominator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone / Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_