The Myrna Miller Wellons Advocacy Award
Nominees for the Award must be a North Carolina resident.
Nominees must be in good standing with the NASW Code of Ethics.

Name of Nominee: ____________________________________________
Home Address: ________________________________________________
Work Address: ________________________________________________
Home Phone Number: __________________________________________
Work Phone Number: __________________________________________
Email Address: ________________________________________________

Current Employer (if applicable) and brief description of job:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Nominee’s Involvement in Advocacy:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Name of Nominator: ____________________________________________
Address: ______________________________________________________
Phone Number: ________________________________________________
Email Address: ________________________________________________

Relationship to Nominee: ________________________________________

PLEASE ATTACH:
1. History of employment and/or volunteer experience (with dates) OR resume. (Either is acceptable.)
2. Discuss how the nominee has advocated for policy impacting the social work profession and the clients served by social workers. Specific examples are required.
3. Discuss the nominee’s involvement in professional, civic and community organizations. Give specific examples.

Return Completed Packet to advocacy.naswnc@socialworkers.org