

## Uncrowned Queens Submission Form

Name of Individual: \_\_\_\_\_

*(Person may be living or deceased, but connected with Buffalo/Western New York. You may submit yourself)*

Address or Last Place of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail (if available): \_\_\_\_\_

Area of Accomplishment (check ONE area that is the person's strongest):

- |   |  |
|---|--|
| <input type="checkbox"/> Arts                                       | <input type="checkbox"/> Legal Service/Law Enforcement |
| <input type="checkbox"/> Business                                   | <input type="checkbox"/> Media                         |
| <input type="checkbox"/> Community and Social Service Organizations | <input type="checkbox"/> Organized Labor               |
| <input type="checkbox"/> Education                                  | <input type="checkbox"/> Politics and Government       |
| <input type="checkbox"/> Health                                     | <input type="checkbox"/> Religion                      |
| <input type="checkbox"/> Historian                                  | <input type="checkbox"/> Science                       |

A Biographical Sketch **and photograph** (if available) of the Individual should be provided along with this completed and signed submission form. Some suggestions for items to include in the Biographical Sketch are outlined below:

- |                                  |                                  |                                |
|----------------------------------|----------------------------------|--------------------------------|
| • Date/Place of Birth            | • Occupation(s)                  | • Volunteer Activities         |
| • Parents/Siblings               | • Place(s) of Employment         | • Volunteer Organizations      |
| • Spouse                         | • Job Title(s)                   | • Major Accomplishments        |
| • Children/Grandchildren         | • Publications                   | • Life Changing Experiences    |
| • Education                      | • Awards/Nominations Received    | • Contributions to Buffalo/WNY |
| • Academic Institutions Attended | • Club/Organization Affiliations | • Hobbies/Special Talents      |
| • Degree(s) Earned               | • Church/Religious Affiliations  |                                |

**I, \_\_\_\_\_ (please sign), hereby give Uncrowned Queens consent, to post the materials provided with this submission form on the Uncrowned Queens *Web* site (<http://wings.buffalo.edu/uncrownedqueens>). I also understand that Uncrowned Queens may use these materials on promotional materials for the organization.**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail (if available): \_\_\_\_\_

Please send this form to: Dr. Barbara Seals Nevergold  
Uncrowned Queens Institute for Research and Education on Women,  
Inc. 984 Parkside Avenue'  
Buffalo, New York 14216