

# Naming Nomination Package

Women's Clinic

Minneapolis VA Health Care System



**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Minneapolis VA Health Care System

The Minneapolis VA Health Care System is proud to be seeking nominations for naming the new Women's Clinic as part of our commitment to highlight the historic and enduring presence of women in the Armed Forces, to pay respect to Women Veterans for their valiant service and sacrifice on behalf of the United States and to honor the diversity of all women who have served in the Armed Forces of the United States.

The nomination period will open July 16, 2024 and close on October 30, 2024.

Nominations will be reviewed by a selection committee comprised of Veterans and representatives of community organizations that support Veterans. For best fit of nominations, selection criteria listed here.

**Nomination and Selection Criteria:**

1. Veterans should have received an honorable discharge.
2. The Veteran can be living or deceased.
3. The Veteran nominees should have some connection to the Minneapolis VA Health Care System or the Midwest region served by the VA Health Care System (medical center and surrounding community-based outpatient clinics (CBOCs)).
4. The Veteran does not have to have received special commendations, achievements, or significant military accomplishments, but could be/have been a respected member of the community (e.g. a volunteer at the hospital, a member of a community organization, a member of a veteran service organization, etc.).
5. All Veteran nominees will be subject to a background check.
6. The Veteran does not have to have served in any specific era of service.

**Nominations must include:**

1. Nominator's information, if submission is on behalf of a group, one person must be listed as point of contact.
2. Nominee's general information.
3. Written narratives on military service, community impact and women Veteran impact.

**How to submit nomination:**

1. Emailed submissions (preferred) to: [VHAMINWomen@va.gov](mailto:VHAMINWomen@va.gov)
2. Mailed submissions to: Women Veterans Program  
Minneapolis VA Health Care System, O'Brien (111M, 2J)  
One Veterans Drive  
Minneapolis, MN 55417

Questions can be directed to: [VHAMINWomen@va.gov](mailto:VHAMINWomen@va.gov)

**NOMINATOR'S INFORMATION**

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Your relationship to the Veteran nominee:

**VETERAN NOMINEE'S INFORMATION**

Is the Veteran and/or Veteran's family (if deceased) aware of this submission: (It is not a requirement that they are informed.)      Yes      No

First Name:

Last Name:

Status:      Alive      Deceased

Date of Birth:

Date of Death (if applicable):

If deceased and known, the name and phone number for closest living relative: (i.e. partner, spouse, sibling, child, grandchild, etc.)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address:

City:

State:

Zip Code:

Phone Number:

Email:

Branch and dates of service: (please mark all that apply)

\_\_\_ U.S. Air Force, Dates of service: \_\_\_\_\_

\_\_\_ U.S. Army, Dates of service: \_\_\_\_\_

\_\_\_ U.S. Army Air Corps, Dates of service: \_\_\_\_\_

\_\_\_ U.S. Coast Guard, Dates of service: \_\_\_\_\_

\_\_\_ U.S. Marine Corps, Dates of service: \_\_\_\_\_

\_\_\_ U.S. Merchant Marine, Dates of service: \_\_\_\_\_

\_\_\_ U.S. Navy, Dates of service: \_\_\_\_\_

\_\_\_ U.S. National Guard, Dates of service: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_, Dates of service: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_, Dates of service: \_\_\_\_\_

**RELATIONSHIP TO MINNEAPOLIS VA OR THE MIDWEST REGION:***Briefly explain the Veteran's relationship to the Minneapolis VA or to the State of MN.***VA****U.S. Department of Veterans Affairs**Veterans Health Administration  
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**MILITARY EXPERIENCE:**

*Please provide as much information as possible, the following prompts are offered to guide your written narrative. It is not required to address any/all of these.*

*What significant awards, deployments and/or military experiences did the Veteran have?  
What type of leadership (formal or informal) did the Veteran display?*



**COMMUNITY IMPACT:**

*Please provide as much information as possible, the following prompts are offered to guide your written narrative. It is not required to address any/all of these.*

*How has the Veteran been active in military and/or community organizations?*

*What, if any office(s) has the Veteran held?*

*How has the Veteran made an impact in their community?*



## **WOMEN VETERAN IMPACT:**

*Please provide as much information as possible, the following prompts are offered to guide your written narrative. It is not required to address any/all of these.*

*How has the Veteran been active in the Women Veteran community?*

*How has the Veteran promoted a culture of dignity and respect toward women who served?*

*How has the Veteran supported Women Veterans' shared experiences or common issues?*

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**ADDITIONAL COMMENTS:**

*Please utilize this space to include other additional information that may not be captured in any of the previous sections. Such as: obstacles encountered, hardships overcome, disability that makes her a unique Veteran.*

I hereby certify that the information contained in this nomination is complete, accurate, and true to the best of my knowledge.

NOMINATOR'S SIGNATURE

DATE SIGNED

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