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**CWV 2025 Women Veteran Trailblazers Initiative**

**For this initiative, CWV has defined a woman Veteran Trailblazer as a woman who has served and separated from the service and makes an impact by enhancing the lives of other Veterans, Veteran families, or Veteran caregivers.**

**Impact may be a single event or action or may be demonstrated over a period of time in one or more of the following areas**:

* **Education** - Advocating for or providing educational opportunities for Veterans.
* **Employment** - Assisting Veterans in securing meaningful employment.
* **Entrepreneurship** - Supporting Veteran-owned businesses.
* **Homelessness** - Working towards eradicating Veteran homelessness.
* **Legal Assistance** - Offering legal assistance to Veterans.
* **Mental Health and Wellness** - Promoting mental health services for Veterans.
* **Research** - Building women’s health research to transform Veterans’ care.
* **Violence Against Women** - Combatting domestic violence, harassment, and sexual assault affecting Veterans.

**Nomination Procedures**

Please submit all requested materials.

**Nomination form**

**Nominee’s recent professional photo**

**A one-page summary of why the women Veteran meets the definition above of a Trailblazer and how she is continuing to serve others**.

**CWV Trailblazer Code of Conduct form (nominee’s signature required)**

Deadline for the 2025 Center for Women Veteran Trailblazers Initiative is **Monday, September 30, 2024**. Nominations received after this deadline and previously selected Trailblazers will not be considered. The nominee must have been honorably discharged.

**The 2025 Center for Women Veterans Trailblazers will be announced during Women’s History Month (March 2025).**

Email or Mail complete nomination package and/or questions to:

1. 00W@va.gov ATTN: Ms. Ana Claudio – 2025 CWV Trailblazer
2. Center for Women Veterans, ATTN: Ms. Ana Claudio (2025 CWV Trailblazer), 810 Vermont Ave NW, Washington DC, 20420

**CWV 2025 Women Veteran Trailblazers Initiative Nominee Form**

First M.I. Last

MAILING ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL

**DEMOGRAPHIC INFORMATION:**

**RACE/ETHNICITY AGE**

White / Caucasian Under 30

Asian/Pacific Islander 30-39

Black/African American 40-49

Hispanic/Latino (of any race) 50-59

American Indian/Alaska Native 60-69

Native Hawaiian 70 or Older

**NOMINEE MILITARY INFORMATION:**

BRANCH OF SERVICE YEARS OF SERVICE Select One: ENLISTED

 OFFICER

Have you spoken with the nominee prior to this submission, and have they agreed to be nominated? Yes No **(Do not submit nomination package without speaking to the nominee first)**

Nominees will undergo a selection process that may include an interview.

**NOMINATOR:**

Last Name First Name Email

 Phone# Organization