

WASHINGTON STATE LABOR COUNCIL, AFL-CIO
2020 ELSIE SCHRADER AWARD
Nomination Form

Nominee's Name: _____

Nominee's Union and Local: _____

Nominee's
Address: _____

Nominee's Phone Number: _____

How does this individual meet the three required criteria? (See reverse and explain which three, use extra pages if necessary)

Name of Person Making Nomination

Date

Organization

E-Mail Completed Form **NO LATER THAN AUGUST 12, 2020** to:

Willa Kamakahi
wkamakahi@wslc.org