Xi Chi Chapter  
Sigma Theta Tau, International  
Millersville University  

Nomination Form for Community Leadership Award

**Directions:** This form is to be completed by the person making the nomination. Inform the nominee of your nomination to ensure his/her agreement. **Send the completed form individual listed on this web page by the specified date.**

**Person making the nomination:**

Name: ______________________  
Address:______________________  
Phone: ______________________

**Nominee:**

Name: ______________________  
Address:______________________  
Phone: ______________________

The person making the nomination should submit information supporting the candidate’s nomination by addressing how the nominee has demonstrated a significant contribution toward the advancement of nursing within the community and/or the advancement of health within the community.