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. The completed nomination form must be received by September 1. Send the completed form individual listed on this web page.

Person making the nomination: Nominee:

Name: ___________________________ Name: ___________________________

Address: _________________________ Address: _________________________

Phone: __________________________ 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.