

**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: \_\_\_\_\_

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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.