

HALL OF HONOR AWARD

NOMINATION FORM



GEORGIA BAPTIST COLLEGE OF NURSING

(Please print or type)

Nominee's Name _____
First Last Maiden

Is she/he a Georgia Baptist Graduate? Yes (Graduation Year _____) No

Home Address _____
Street City State Zip

Home Phone Number _____ E-mail Address _____

Job Title _____

Work Address _____
Street City State Zip

Work Phone Number _____

Award Categories (Please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinical Nursing Practice | <input type="checkbox"/> Leadership in Health Policy/Ethics/Law | <input type="checkbox"/> Excellence in Volunteer Leadership |
| <input type="checkbox"/> Community Health Service | <input type="checkbox"/> Nursing Education | <input type="checkbox"/> Leadership in Clinical Development |
| <input type="checkbox"/> Excellence in Mentoring | <input type="checkbox"/> Entrepreneurial Leadership | <input type="checkbox"/> Nursing Research |
| <input type="checkbox"/> Health Care Administration | <input type="checkbox"/> Excellence in Student Leadership Development | <input type="checkbox"/> Other _____ |

Describe the nominee's qualifications for the award category. _____

List any additional reasons why you personally support this nominee (attach a separate page if necessary). _____

Submitted by _____ Graduation Year _____

Address _____
Street City State Zip

Phone Number _____ E-mail Address _____

Signature _____ Date _____

ANY NOMINATION SUBMITTED WITHOUT CURRENT CURRICULUM VITAE OR RESUME WILL NOT BE CONSIDERED FOR THIS AWARD.

Please return this form to:
Shawna R. Dooley, University Advancement, 1400 Coleman Avenue, Macon, Georgia 31207
E-mail: dooley_sr@mercer.edu • Phone: (478) 301-2720 or (800) 837-2911 • Fax: (478) 301-4124