Edna Earle Teal Award

Nomination Form

MERCER UNIVERSITY
GEORGIA BAPTIST COLLEGE OF NURSING

(Please print or type)

Nominee's Name_____
First Last Maiden

Home Address_____
Street City State Zip

Phone Number_____ Graduation Year_____

Job Title_____

Work Address_____
Street City State Zip

Work Phone Number_____ E-mail Address_____

How long have you known the nominee and in what capacity?_____

Briefly describe the nominee's work history, including her/his present involvement in nursing._____

List any additional information which may be helpful to the selection committee (i.e., additional education, honors, awards, personal achievements, publications)._____

Please write a paragraph (attach a separate sheet, if necessary) explaining how this nominee meets the criteria and why you think she/he deserves to receive the Edna Earle Teal Award._____

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