

Michigan Speech-Language-Hearing Association

Distinguished Service Award

Nomination Form

Distinguished Service Award

This award is given to individuals who have provided specific act/s or contributions serving the communicatively impaired.

I. NAME OF NOMINEE:

Address: _____

Phone (work) (____) _____ Phone (home) (____) _____

Present Position/Employer: _____

Highest Degree ____ Year ____ Institution _____

MSHA Status: / /Active / /Life / /Non-Member

II. ENCLOSED MUST BE

____ Nomination Form

____ Written rationale for nomination for *Distinguished Service Award* (not to exceed four typed, double-spaced pages)

____ Current vita of the nominee

III. SUBMITTED BY

Name: _____

Address: _____

Phone (work) (____) _____ Phone (home)(____) _____

Present Position/Employer: _____

MSHA Status: / /Active / /Life / /Non-Member

IV. SIGNATURE (of nominator) _____

**This form and all supporting material should be received by the MSHA office by December 1st.
MSHA, 790 W.Lake Lansing Rd., Suite 400, East Lansing, MI 48823 517/332-5691 or
FAX: 517/332-5870**