

Michigan Speech-Language-Hearing Association

Honors of the Association ~ Nomination Form

Honors of the Association

The *Honors of the Association* is the highest recognition MSHA can award an individual. The *Honors of the Association* recognizes sustained, outstanding accomplishments in the profession of speech, language, and hearing. The *Honors of the Association* is conveyed to individuals who actively demonstrate their expertise through ongoing service which directly benefits MSHA and the field as a whole, and has a significant impact on persons with communication impairments. The *Honors of the Association* is considered a coveted and earned award given to truly deserving professionals.

I. NAME OF NOMINEE: _____

Address: _____

Phone: W (_____) _____ Phone: H (_____) _____

Present Position/Employer: _____

Highest Degree _____ Year _____ Institution _____

MSHA Status: / /Active / /Life Email Address: _____

II. ENCLOSED MUST BE:

_____ Nomination Form

_____ Written rationale for nomination for *Honors of the Association* (not to exceed four typed, double-spaced pages)

_____ Current vita of the nominee

_____ Four (4) letters of recommendation (at least 2 from MSHA members in good standing)

To receive consideration, the candidate must have at least the minimal 70 points to qualify for nomination on the Criteria Form, which is completed by the Honors Committee.

III. SUBMITTED BY: _____

Address: _____

Phone: W (_____) _____ Phone: H (_____) _____

Present Position/Employer: _____

MSHA Status: / /Active / /Life / /Non-Member Email Address: _____

IV. SIGNATURE (of nominator) _____

This form and all supporting material should be received by the MSHA office by November 1st.
MSHA, 790 W.Lake Lansing Rd., Suite 500-A, East Lansing, MI 48823 517/332-5691 or FAX: 517/332-5870 msha@att.net
Note: Only 1 person will be awarded per year – or none if no nominations are received.

See Distinguished Service Form on the Reverse!

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: W (_____) _____ Phone: H (_____) _____

Present Position/Employer: _____

Highest Degree _____ Year _____ Institution _____

MSHA Status: / /Active / /Life / /Non-Member Email Address: _____

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: _____

Address: _____

Phone: W (_____) _____ Phone: H (_____) _____

Present Position/Employer: _____

MSHA Status: / /Active / /Life / /Non-Member Email Address: _____

IV. SIGNATURE (of nominator) _____

**This form and all supporting material should be received by the MSHA office by November 1st.
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email: msha@att.net**

Note: Only 1 person will be awarded per year – or none if no nominations are received.

See Honors of the Association Form on the reverse!