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