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 400, 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.