

**Michigan Speech-Language-Hearing Association's
Ida J. Stockman Award for Diversity and Infusion
Nomination Form**

The Ida J. Stockman Award for Diversity and Infusion shall be awarded to members of the Association in recognition of their contributions 1) to promote the fair treatment and full participation of all individuals with communication and swallowing disorders across service delivery settings, and/or 2) to increase the presence of populations who have historically been under-represented or subjected to discrimination because of their background, identity, or disability.

I. NAME OF NOMINEE: (Must be a current MSHA Member)

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 *Ida J. Stockman Award for Diversity and Infusion* (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
msha@att.net

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