



**3rd District Nurses
Service Award
Nomination Form**

NOMINEE INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Street Address _____ Phone : _____ Email _____

City _____ -State _____ Zip Code _____

Employer _____ Work Address _____ Work Number _____

In which structural units of 3rd District is the nominee active? Describe

How has the nominee contributed toward the achievement of 3rd District's goals and objectives. (Include participation in committees, interest groups, board of directors, special task forces and/or district meetings.)

How long has the nominee been actively involved in 3rd District activities. (To be considered, the nominee must have been a 3rd District member for at least three years.)

Nomination submitted by:

Name _____ Email _____

Address _____

Home Phone _____ Work Phone _____

For more information and downloadable forms see our website.

Please complete this form and submit it no later than **April 1**.

Include documentation of how the nominee demonstrates excellence in Service to 3rd District Nurses using one of the statements of support columns on the back of this application. Provide statements of support from two others on the back of this application:

3rd District Nurses Awards Committee

4445 West 77th St., Suite 121 Edina, MN 55435

St. Louis Park, MN 55416-2657

(952) 920-9860/Fax: (952) 920-8689

Service Award

Three brief statements in support of nominee (may be handwritten)

Nomination Support Letter

Nomination Support Letter

Nomination Support Letter

I nominate_____	I nominate_____	I nominate_____
For_____	For_____	For_____
because	because	because
Signed:	Signed:	Signed: