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|  **AWARD NOMINATION FORM**   |
|  Please complete all fields and submit to GriffinAward@phoebehealth.com. You can also print and mail the form to:  Lemuel Griffin Community Service Award 506 West 4th Ave Albany, GA 31701  Nominations must be received by May 31, 2024   |

**Who is nominating?**

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| Name:  |   |
| Email:  |   |
| Phone:  |   |

*(Note: we may contact you for additional information on your nominee)*

**Information for your nominee:**

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| Nominee Name  |   |
| Occupation / Employer  |   |
| City of Residence  |   |
| Contact Email  |   |
| Contact Phone  |   |

**How do you know the nominee?**

*Describe your background or history with the nominee*

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 **What characteristics, traits, or actions make this person a great candidate for the Lemuel Griffin Award?**

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**What single action or effort is the best example of the nominee’s Service mindset?**

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**How have the Nominee’s actions impacted the community? What results have they generated?**

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**How does the nominee regularly demonstrate any of the key pillars of The Lemuel Griffin Award?**

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Thank you for your nomination, and please note, we may contact you for more information and background on your nominee!