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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!