

## AWARD NOMINATION FORM

Please complete all fields and submit to [GriffinAward@phoebehealth.com](mailto:GriffinAward@phoebehealth.com).  
You can also print and mail the form to:

Lemuel Griffin Community Service Award  
506 West 4<sup>th</sup> Ave  
Albany, GA 31701

Nominations must be received by May 31, 2024

### Who is nominating?

Name:	
Email:	
Phone:	

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

### Information for your nominee:

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?**

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

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

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

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