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| Text  Description automatically generated |
| **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 Award506 West 4th AveAlbany, GA 31701Nominations must be received by October 1, 2023 |
| **Who is nominating?**  |
| Name:  |  |
| Email: |  |
| Phone:  |  |

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

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| **Information for your nominee:** |
| Nominee Name |  |
| Occupation / Employer |  |
| City of Residence |  |
| Contact Email |  |
| Contact Phone |  |

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| **How do you know the Nominee?***Describe your background or history with the Nominee* |
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| **What characteristics, traits, or actions makes 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 you Nomination, and please note, we may contact you for more information and background on your Nominee!