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| Text  Description automatically generated | |
| **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 4th Ave  Albany, GA 31701  Nominations must be received by October 1, 2023 | |
| **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 |  |

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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?** |
|  |
| **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!