

**The CSAP Nancy McKinley Leadership Award
Nomination Form**

I. Nomination Information

State Association Submitting Nomination _____

CSAP Member (*please check*) Yes No

Name of Nominee _____ Degree _____

Professional Title _____

Place of Employment _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Day/Evening Phone _____

Email Address _____

Position within the State Speech and Hearing Association _____

Term of Appointment _____

II Individual Submitting Nomination

Name of Nominator _____ Degree _____

Current Position within the State Speech and Hearing Association _____

Preferred Mailing Address _____

City _____ State _____ Zip _____

Day/Evening Phone _____

Email Address _____

Signature of Nominator _____ Date _____

Name of President of the State Speech and Hearing Association _____

Signature of President _____ Date _____

This form must accompany the "narrative" as described under Nomination Procedures in 2(b) above, as well as two letters of support. An electronic copy of this form and all documentation must be submitted to the CSAP Honors Committee at csap@robertcraven.com no later than February 1st. A hard copy must also be sent to the CSAP Honors Committee, c/o CSAP office, 700 McKnight Park Drive, Suite 708, Pittsburgh, PA 15237 by the same date.