

Omicron Alpha Chapter Award Nomination

Nominator's Name: _____

Phone: Home _____ Work _____

I am submitting for consideration by the Awards Committee, the name of the person indicated below for the Honor Society/Omicron Alpha Chapter Award of (check one):

_____ **Matt Carr Memorial Award**

_____ **Community Mentor Award**

_____ **Outstanding Student Performance Award**

_____ **Excellence in Research Award**

_____ **Virginia B. Byers Professional Organization Commitment Award**

Please type or print clearly - Do Not Abbreviate

Name of Nominee: _____

Address: _____

Phone: Home _____ Work _____

Educational Preparation

Basic Nursing (school, type & year) _____

BS (school & year) _____

MS (school & year) _____

Employment Resume

Current Position & Agency _____

Publications/Professional Activities _____

The nominator is responsible for returning the completed application which includes the following:

- _____ 1. Completed Nomination Form
- _____ 2. Nominator's Statement indicating candidate's qualifications
- _____ 3. Resume of nominee
- _____ 4. Letters of support from individuals or groups giving examples of how nominee meets the award criteria

Return packet to:

Omicron Alpha Awards Committee
c/o Nancy Lyon
SUNY Upstate College of Nursing
750 East Adams Street
Syracuse, NY 13210

Deadline for receipt of ALL materials is 5:00 pm, April 1st. Incomplete/late packets will not be reviewed.