

**WRIGHT STATE UNIVERSITY-LAKE CAMPUS SPIRIT OF SERVICE
STAFF AWARD NOMINATION FORM**

NOMINEE INFORMATION

FULL NAME OF NOMINEE: _____

CURRENT POSITION: _____

DEPARTMENT: _____

Please provide information in the spaces below. Specific noteworthy examples, details, narratives are required.
Please type or print. Additional sheets may be attached as needed.

SPIRIT OF COLLABORATION:

SPIRIT OF COMMITMENT:

SPIRIT OF INNOVATION:

SPIRIT OF INTEGRITY:

ADDITIONAL INFORMATION WHICH MAY BE HELPFUL TO THE COMMITTEE:

NOMINATOR INFORMATION

-PLEASE TYPE OR PRINT-

FULL NAME: _____

CURRENT POSITION: _____

DEPARTMENT: _____

PHONE: _____

EMAIL: _____

NOMINATION DEADLINE: 5:00 P.M. MAY 31

NO LATE SUBMISSIONS WILL BE ACCEPTED. NOMINATION MAY BE SUBMITTED TO ANY MEMBER OF LSAC.