



Friend of Nursing Award Sample Nomination Form

The Friend of Nursing Award is conferred by local chapters and recognizes an individual or organization that is not eligible for regular membership but has impacted the chapter, the local nursing or healthcare community, and/or the health of people in a significant way.

Criteria:

Nominees for the Friend of Nursing Award must:

- Demonstrate a commitment to the ideals and purposes of Sigma.
- Demonstrate superior achievement and leadership in their field of work.
- Contribute to the long-term significance of the chapter, the nursing profession, and/or to the health of people within a local or regional area.

Nominators:

Chapters should encourage all chapter members to submit nominations. (Nominations can only be accepted from chapter members.)

Some examples of individuals or organizations that may be nominated:

- A printer who produces the chapter's newsletter consistently and with a high level of excellence.
- A person who produces and/or maintains the chapter's website.
- A local business that consistently sponsors the chapter or donates time, money, resources, or services for chapter events.
- A member of the support staff of the nursing school who consistently exceeds the expectations required of his or her job.
- Non-nursing instructors who have taken additional steps to help teach nursing students within their university.
- Individuals who have made significant contributions to nursing or to advance the nursing profession or the health of people on a local or regional level.
(This list is not inclusive.)

Nomination Form: The nomination form below can be used internally for chapters. Please be sure to provide a deadline date and chapter contact to whom forms should be returned and from whom additional information can be obtained.

Certificate/Award: Sigma headquarters will provide customized certificates for chapters. A certificate and a hardcover presentation folder are US \$12.50. Please submit a Certificate Request Form and allow two weeks for delivery.

**(Name) Chapter
Friend of Nursing Award
Nomination Form**

Deadline: (Specify Date)

Name of Nominee: _____

(if an organization, provide full name)

Mailing address: _____

Phone number: _____

Email Address: _____

Additional submission requirements:

- ◆ One- to two-page letter from nominator specifying how the nominee meets criteria
- ◆ Two additional letters of recommendation (from individuals or groups other than the nominator)

Nomination Submitted By:

Name: _____

Full Mailing Address: _____

Phone Number: _____

Email Address: _____

Send complete entry forms to:

(Specify chapter contact's name and mailing address.)

If you have any questions about the application or criteria, please contact (name of chapter contact) at
(phone number) or (email address).