Edna Earle Teal Award



NOMINATION FORM

GEORGIA BAPTIST COLLEGE OF NURSING

(Please print or type)				
Nominee's Name	First	Last	Maiden	
Home Address		City	State	Zip
Phone Number	Stitet	•		*
Job Title				
Work Address	Street			
Work Phone Number_		City E-mail Address	State	Zip
How long have you kno	own the nominee and in w	hat capacity?		
D: 0 1 1 1	. ,	1. 1 4		
Briefly describe the nor	ninee's work history, inclu	ding her/his present involvement in nursing.		
List any additional info	rmation which may be hel	pful to the selection committee (i.e., addition	nal education, honors, awards,	personal
DI .	1 (1 1	·C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	.1:1 1 /1 1
the Edna Earle Teal Aw	=	if necessary) explaining how this nominee me	eets the criteria and why you	think sne/he deserves to receive
Submitted by		Graduation Year		
Address				
	Street	City	State	Zip
Signature		Date		

ANY NOMINATION SUBMITTED WITHOUT CURRENT CURRICULUM VITAE OR RESUME WILL NOT BE CONSIDERED FOR THIS AWARD.