SCCA AWARD NOMINATION FORM

Name of Nominee: _____

Place of Employment: _____

Present Job Title: _____

Work Telephone #: _____

Award Nomination for:

_____ SCCA Executive Committee Award
_____ SCCA President's Award
_____ SCCA Distinguished Service Award
_____ SCCA Outstanding Student Award

In the space provided, or by attachment, furnish information regarding the nominee's accomplishments and contributions to the field of criminal justice and/or the South Carolina Correctional Association.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please attach, if available, a brief biography, resume or other pertinent information.

Nomination submitted by: _____

Address: _____

Telephone: _____

Send by September 15th to:

SCCA Award Committee
SCCA
P. 0. Box 210603
Columbia, SC 29221