

**PRESIDENT'S AWARD FOR EXCEPTIONAL COMMUNITY SERVICE  
NOMINATION FORM: 2017 AWARD**

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The President's Award for Exemplary Community Service is presented each year in recognition of employees (faculty or staff) who have demonstrated outstanding community service. Nominees for the award must have a sustained pattern of exceptional voluntary contributions to communities and/or community organizations. These contributions must be beyond what might normally be considered academic or professional service, and must have had a significant impact upon those organizations or on the communities. Nominees must be full-time employees with a minimum of five years of continuous service and have made the cited community contributions during their period of employment at Memorial University. The nominees must not have been previous winners of the award.

Each nomination must be supported by a letter (not to exceed 1000 words) from the nominator detailing the exceptional nature of the nominee's contributions and the significance of that contribution; the nominee's résumé (not to exceed five pages); up to three letters of support which address the exceptionality and significance as well as the scope, time-commitment and impact of the nominee's contributions; relevant documentation in the public domain (i.e. media reports, commendations, other awards) which provide additional evidence of the significance of the nominee's contributions. These materials are not to exceed five pages.

The nomination must be submitted to the Chair of the Advisory Committee, President's Award for Exceptional Community Service, c/o The Division of Marketing and Communications, Memorial University of Newfoundland, St. John's Campus, by **noon on June 16, 2017**.

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**NAME OF NOMINEE:** \_\_\_\_\_  
**POSITION/TITLE:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_

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**NOMINATOR:** \_\_\_\_\_  
**POSITION/TITLE:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_

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**Declaration:**

If this submission is successful in receiving the award, I am willing to allow the nominee the opportunity to receive the full nomination submission. Please place a tick mark in your choice of the box below.

- Yes
- No

Signed by:

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Nominator

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Date

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Nominee

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Date

Enclosures:

- Letter from nominator
- Nominee's resumé
- Up to three letters of support
- Other relevant documents, if any
- Written consent of nominee