

**ASCLS-IL Student of the Year Award  
NOMINATION FORM**

Purpose: The Student Award recognizes a student member of the ASCLS-IL who has demonstrated outstanding leadership and contributed to the growth and development of the ASCLS-IL.

This Nominee is submitted by:

\_\_\_\_\_

(Name, Branch, and email)

***NOMINEES' INFORMATION:***

Name: \_\_\_\_\_ ASCLS # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email \_\_\_\_\_

Years of Service in ASCLS-IL \_\_\_\_\_

Briefly describe the activity(ies)/contributions/honors for which nominee is being recognized:

**NOMINATION DEADLINE: January 15<sup>th</sup>**

Submit via email to Awards Committee Co-Chairs

Please refer to <http://asclsil.org/Awards.html>