

## Distinguished Service Award Nomination Form

This award is presented to a non-alumnus/a who is closely identified with Salus University and who has provided notable service to the University and their profession.

Nominee Information (Ple	ase attach any addit	ional comments)	
Name:			
Address:			
City:	State:	Zip:	
E-mail address:		Daytime phone:	
Employer:		Title:	
Additional Comments:			
Reason for Nomination* (	additional comment	s may be attached)	
Nominator Information (P	rovide us with your	information)	
	rovide de vitar yeur		
Name:			
Address:			
City:	State:	Zip:	
E-mail address:		Daytime phone:	

\*Please submit a curriculum vitae for your nominee whenever possible.

All nominations must be received by Friday, December 31, 2021.

## Return completed form to:

Olivia Sweger, Coordinator of Alumni Affairs
Salus University
8360 Old York Road
Elkins Park, PA 19027

Fax: 215.780.1396 • Phone: 215.780.1392 • Email: osweger@salus.edu