



## Special Recognition Award Nomination Form

*This award is presented as special recognition of an individual's or organization's contribution to Salus University, their profession or their community.*

Nominee Information (Please attach any additional comments)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Reason for Nomination\* (additional comments may be attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominator Information (Provide us with your information)

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

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