

SOUTH CAROLINA LEAGUE for NURSING Student Nomination Form

Student Name: _____ Date: _____

Program Enrolled: _____ GPA: _____

Year in Program: _____ Projected Graduation: _____

Student E-mail: _____

Student Address: _____

Professional Organization(s): _____

Person completing form: _____

E-mail of person completing: _____

Address of person completing: _____

School Affiliation: _____

(Please attach letter of recommendation – thank you! Ruth and Eileen)

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Important dates:

October 1, 2016 – Nomination deadline

October 15, 2016 – Nominees notified

November 4, 2016 – Annual SCLN Awards Banquet