



## Lifesaver Awards Nomination Form

Name of Nominee \_\_\_\_\_

Current or Most Recent Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please indicate the award for which you are nominating this individual.

In the space below, indicate the reasons the above individual is worthy of the award for which she/he is being nominated (may attach separate sheet if necessary). Please **DO NOT** submit multiple letters of support. Nominations may be received at any time throughout the year. Send a the nomination form to: Dawn Peters at [dpeters@niu.edu](mailto:dpeters@niu.edu). Please put ILCMA Lifesaver Award Nomination in the subject line.

Name of Nominator \_\_\_\_\_

Signature of Nominator \_\_\_\_\_