



# ACHEA CHARITY PROGRAMME NOMINATION FORM

## PART A

### Nominee

Full Name \_\_\_\_\_

Name of Institution \_\_\_\_\_

Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

### Individual Achievements

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Institutional Achievements



# ACHEA CHARITY PROGRAMME

## NOMINATION FORM

### Nominator

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Chapter \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

### Award Recommended

A	Academic Excellence	<input type="checkbox"/>
B	Leadership	<input type="checkbox"/>
C	Community Work	<input type="checkbox"/>
D	Culture/Art/Sport	<input type="checkbox"/>
E	Combination	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

### PART B

### Supporting Statement of Recommendation (approximately 350 words)<sup>1</sup>

<sup>1</sup> Additional evidence supporting application should be attached or included.



# ACHEA CHARITY PROGRAMME NOMINATION FORM

## ART C

### For Official Use Only

Nomination Approved

Nomination Declined

\_\_\_\_\_  
Signature - Departmental Committee Chair

\_\_\_\_\_  
Date