Charleston Post SAME Awards
Individual Nomination Form

NOMINEE
Name of Award Recommended:__________________________________________
Nominee’s Full First, Middle, Last Name:____________________________________
Uniform Service Rank:______________________________________________________
Title or Position:__________________________________________________________
Professional Licenses and Certifications:____________________________________
Organization:____________________________________________________________
Address:________________________________________________________________
Phone/Fax/Email:__________________________________________________________

NARRATIVE DESCRIPTION
State specifically how the individual meets the criteria of the recommended medal or award. Refer to appropriate sections of the award information for specific award criteria. Not to exceed 400 words. Endorsement letters are not required, but if available, can be attached.
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

NOMINATOR
Name:__________________________________________________________________
Uniform Service Rank/Title or Position:______________________________________
Title or Position:__________________________________________________________
Organization:____________________________________________________________
Address:________________________________________________________________
Phone/Fax/Email:__________________________________________________________

Nominations are due by May 1, 2020
Send nominations to Sonny Chestnut, Awards and Recognition Chair
e-mail: schestnut@smeinc.com