

CALL FOR NOMINATIONS MANRRS Advisor of the Year Award (COVER SHEET)

DEADLINE:

All applications must be submitted by **February 15, 2017.**

ADVISOR'S INFORMATION

Name of MANRRS Advisor:				
		Last	First	
Title of MANRRS Advisor:				
Name of Institution housing an	officially regist	ered MANRRS	Chapter:	
Institution Address:				
Phone:		E-mail:		
N	IOMINATOR'S	S INFORMATI	ON	
Name of Nominator:			·	
	Last		First	
Nominator's Signature:			Date	
Institution:				
Address:				
Phone:		F-mail:		

MANRRS Advisor of the Year Award

The Nomination Package must include:					
1.	1. A completed nomination form and cover sheet;	Maximum Points (5 points)			
2.	2. The nominee's 1 to 2 page résumé;	(5 points)			
3.	. Three letters of recommendation				
4.	One to two page summary written and signed by the nomine impact that the nominee has had on the i. Leadership, ii. Professional, iii. Career training/careers of several present and past MANRRS members.	nator that summarizes the (5 points) (5 points) (10 points)			
5.	The remaining two letters, written by the primary and seco mentees, can be submitted by current or former members, how the Advisor has impacted his/her career.				
	NOTES:	Total Points = 50			
 The MANRRS Advisor must have served in this position for at least two years. The Nominator and the two other persons writing the letters of reference must be current or past MANRRS members. Self-nominations and nominations for members, posthumously, will not be accepted. The Nominator, the primary and secondary mentees must be three separate individuals. 					
Reference Letter #1					
	Written by:Address:				
P	Phone: E-mail:				
Reference Letter #2					
V	Written by:Address:				

Please forward all completed Nomination Packages via e-mail to:

Dr. Quentin Tyler, Past National President - MANRRS Email: quentin.tyler@manrrs.org | (404) 347-2975

Phone: _____ E-mail: _____