

# Mary Long Beasley Distinguished Service Award Nomination Form

SN Employee     SN Manager     SN Director/Supervisor

Check appropriate category above

Person Nominated: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Work Experience** – List years of employment in **School Nutrition** and positions held.

Employer	Position Held	Dates

**Professional Association Involvement** List offices held and special activities.

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**Distinguished Service** Why does this person deserve to be honored for distinguished service? Up to three letters of support should be attached to this nomination.

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Nominated by: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mail or email nominations to: Mary Long Beasley Distinguished Service Awards  
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