



EAST LIVERPOOL

2018 WALL OF FAME AWARDS

STUDENT CAMPUS SERVICE AND COMMUNITY SERVICE NOMINATION FORM

Nominee _____

Address _____

City _____ State _____ Zip Code _____

Major _____ Class Rank _____

Phone (____) _____ E-mail _____

I am nominating this person for the (check one or both, if appropriate):

() **STUDENT CAMPUS SERVICE AWARD (a current student employee or current student volunteer who has significantly impacted Kent State University at East Liverpool)**

() **STUDENT COMMUNITY SERVICE AWARD (a current student who engages in community service requirements beyond program or academic requirements.)**

STUDENT CAMPUS SERVICE AWARD

(Must be enrolled at Kent State East Liverpool for the entire 2017-2018 academic year)

☐ Please indicate how this individual has positively impacted Kent State East Liverpool. If the nominee is a student employee, please indicate how this individual surpasses requirements associated with his/her position. (Attach separate sheet if needed.)

-OVER-

STUDENT COMMUNITY SERVICE AWARD

(Must be enrolled at the East Liverpool Campus for the entire 2017-2018 academic year)

☐ Please indicate the nominee's community service activities and involvement. If appropriate, please also indicate how these activities go above and beyond program or academic service requirements. (Attach separate sheet if needed.)

Nominator _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-mail _____

Return nomination by Feb. 28, 2018

TO: Wall of Fame Committee

Dr. Sue Rossi

Kent State University East Liverpool Campus

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E-mail: srossi3@kent.edu