

**COMMUNITY SERVICE RECOGNITION PROGRAM
FOR FACULTY/STAFF
Basic Data Sheet**

Nominee's Name: _____

Institution: _____

Home Address: _____

Phone: _____

(Please list a number you can be reached during the hours of 8:00 a.m. - 4:30 p.m.)

Community Service

Description of activity and nominee's role in activity: _____

How long has activity been underway? _____

How has this activity benefited the community? _____

Has this activity received other recognition/awards? (Please list.)

**Please return form to: Richard G. Rhoda, Executive Director, Tennessee Higher
Education Commission, 404 James Robertson Parkway, Suite 1900,
Nashville, TN 37243-0830**

