

Relationship to Nominee:

## Rehabilitation Sciences Institute - Alumni Award Nomination Form

Please use the form below to nominate a Rehabilitation Sciences Institute Alum for the RSI Alumni Awards.

FIC	ease use the form below to normate a Kenabilitation Sciences institute Alum for the KSI Alumini Awards
AWARD NAME (please select one of the following)	
1.	Outstanding Leadership Award
2.	Outstanding Mentorship Award
3.	Outstanding Service Award
<u>NO</u>	OMINEE INFORMATION
Full Name:	
Year of Graduation:	
Street Address:	
Apt./Suite:	
Province/State:	
Postal Code/Zip:	
Co	untry:
Phone Number (Enter a valid phone number. Example: 123-456-7890):	
Em	ail Address:
NOMINATOR INFORMATION	
Ful	l Name:
Titl	le/Position:

Street Address:
Apt./Suite:
Province/State:
Postal Code/Zip:
Country:
Phone Number:
Email Address:
Additional Comments:
Along with this completed form, please upload the following documents:

- 1. **Letter of Nomination:** In a maximum of 2 pages (single-spaced, 12 point font), describe how the nominee's activities reflect the award criteria and explain the impact of their activities. This letter must be endorsed by a second individual (does not need to be an RSI Alum)
- 2. Nominee's current CV

**Optional:** Nominators may submit up to two additional documents that illustrate the significance and impact of the nominee's contributions (e.g., publications, reviews, media coverage)