COMMUNITY SERVICE RECOGNITION PROGRAM
FOR STUDENTS
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.)
Email: ________________________________________________

Community Service

Description of activity and nominee’s role in activity:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

If any part of this activity is tied to job responsibilities, please indicate what part is related to the job and what part is volunteer work:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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