

MISSISSIPPI COURT ADMINISTRATORS ASSOCIATION

Nomination Form for

The 2011 AWARD OF EXCELLENCE

Statement of Purpose of the Award of Excellence:

The purpose of the Award of Excellence is to recognize a Regular Member of the Association who has and/or continues to significantly contribute to the profession of court management; to the Justice system as a whole; and who, through their commitment, have substantially benefitted not only the Court System but their communities and the public we serve.

According to the MSCAA BY-LAWS, the nominee must be a permanent resident of the State of Mississippi and a Regular Member of the MSCAA at the time of nomination, must be nominated by a Regular Member of the Association, and must meet the standards for nomination as set by the Award Committee.

This award shall be given to only one recipient, or omitted, and is presented at the Spring Business Luncheon by the President of the Association or their designee.

Name and address of sponsoring MSCAA Regular Member: _____

Name of Nominee: _____

Job Title: _____

Telephone No.: _____

Address: _____

Nominee's professional background:

Nominee's Commitment/Involvement to the Mississippi Court Administrators Association:

Nominee's Commitment/Involvement in Committees, Associations, etc., relative to the justice system:

Nominee's Commitment/Involvement in their community:

Please feel free to submit any additional documentation, i.e., resumes, letters of recommendation, articles, etc., that would assist the Committee in evaluating this nominee for the Award of Excellence.

Nominations must be received no later than January 15, 2012.

It is the responsibility of the sponsoring MSCAA Regular Member to contact the Committee Chairman prior to the deadline to determine if all documents have been received.

Nominations may be mailed via U. S. Mail, telefaxed or e-mailed to:

NAME OF COMMITTEE CHAIRMAN
Sherry M. Davis
Circuit Court Administrator
22nd Circuit District
Post Office Box 310
Hazlehurst, MS 39083-0310
(601) 894-3311 or (601) 278-5143
FAX: (601) 894-3315
sdavis@copiahcountymys.gov

This form may not be altered as to content; however, a downloaded copy or copy re-typed on your computer will be accepted by the Committee.