

**CAPITAL SERVICE CENTER COUNCIL**  
**2020-2021 LOCAL WHO AWARD NOMINATION FORM**

The \_\_\_\_\_ wishes to nominate  
(Name of Chapter)

\_\_\_\_\_ for a Local WHO Award.  
(Name of Nominee)

Address of Nominee: \_\_\_\_\_  
(Street) (City) (Zip)

Nominee:

Phone Number: (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Personal email: \_\_\_\_\_

- If your President/Designee has not approved this, please have that prior to submission.

President/Designee Email Address: \_\_\_\_\_

Phone # of Nominator: \_\_\_\_\_ Email of Nominator: \_\_\_\_\_

**OUTSTANDING SERVICE STATEMENT (Please describe why this nominee should be given special consideration for a LOCAL WHO Award based upon assessment of the quality of service rendered to their local association.**