

# Mary Long Beasley Distinguished Service Award Nomination Form

CN Employee     CN Manager     CN Director/Supervisor

Check appropriate category above

Person Nominated: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Work Experience** – List years of employment in **Child Nutrition** and positions held.

Employer	Position Held	Dates

**Professional Association Involvement** List offices held and special activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Distinguished Service** Why does this person deserve to be honored for distinguished service? Up to three letters of support should be attached to this nomination.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominated by: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mail or email nominations to: Mary Long Beasley Distinguished Service Awards  
**Alison Francis**  
5855 Crabtree Road, Clyde, NC 28721  
Phone: 828-627-1150  
Email: [afrancis@haywood.k12.nc.us](mailto:afrancis@haywood.k12.nc.us)