YNSD 3

NOMINATION FORM ~ STUDENT ~

Catholic Social Workers' National Association

Name: E-mail:		
Phone Number:		
Who are you nominating? Name: E-mail: Phone Number: Parish:		
Are they attending the CSWNA Conference:	YES	NO
Why are you nominating this person?		

What makes them the Catholic **Student** Social Worker of the Year?



SUMIT TO: CSWNA@CSWNA.ORG