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