

**LEGAL STAFF PROFESSIONALS OF SOUTH CAROLINA  
NOMINATION FORM  
AWARD OF EXCELLENCE**

**Eligibility Requirements:**    Must be a member of the tri-level association  
  Must be active in the legal profession in accordance with the By-laws and Standing Rules of LSPSC  
  Must have a minimum of three years service to a local chartered chapter, LSPSC, or NALS

**Deadline:**                                    March 15, 2020

**Submit to:**                                 Susan L. Olmstead, PLS  
  LSPSC Award of Excellence Chairperson  
  2 Coopers Hawk Road  
  Hilton Head Island, South Carolina 29926  
  Telephone: (843) 682-2111 (o)  
  Telephone: (843) 681-5540 (h)  
  Telephone: (843) 338-3313 (c)  
  Facsimile: (843) 682-2112  
  E-mail:            susan@goingward.com

Nominee: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Local Chapter Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Date Received by LSPSC Chairperson: \_\_\_\_\_

1.    Experience and Achievements (NALS, LSPSC and Local Chapter)

A.    Years of Experience in legal profession:        \_\_\_\_\_

B.    Years of membership in NALS:                    \_\_\_\_\_

C.    List of elected or appointed positions held in a local chapter:

D.    List all elected or appointed positions held in LSPSC:

E.    List all elected or appointed positions held at the national level:

2. Professional Achievements (including years attained)

A. Professional Designations/Certifications:

B. Awards or recognitions received from any level of the tri-level organization

C. Recommendation (250-word limit)

I believe the above-named person should be considered for the LSPSC Award of Excellence for the following reasons:

Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

\_\_\_\_\_

Chapter: \_\_\_\_\_

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

Date: \_\_\_\_\_