

## College of Health Sciences Rising Star Staff Award

### **Description**

This award is to recognize staff and administrators in the College of Health Sciences for outstanding dedication, competence, performance, and customer service.

### **Eligibility**

- ✓ Must be an classified employee employed at least 20 hours per week
- ✓ Must have less than three years' experience with this position in the College of Health Sciences (Rising Star)
- ✓ Staff who have received the award in the last three years are not eligible

### **Application Materials:**

1. *Completed nomination form*
2. *Letter of nomination:* Nominations will be accepted from current or former students, faculty members, department chairs, program directors, advisors, and administrators. Individual faculty members may nominate themselves.
3. *One letter of support:* The support letter will be accepted from current or former students, faculty members, department chairs, program directors, advisors, and administrators.
4. The candidate's direct supervisor should also fill out the small portion on the nomination form with signature, though they can also be a nomination or support letter.

### **Submission and Deadline:**

All materials should be converted into **ONE PDF** file and emailed to Courtnee Matthews at the Dean's Office (Email: [clmatthe@odu.edu](mailto:clmatthe@odu.edu)) by **July 15, 2023**.

Please do not submit files separately or send hard copies. It is the nominator's responsibility to submit the requested materials by the deadline. The committee will only consider application materials requested above.

### **Awards:**

The awardee will receive a certificate of recognition with \$500.

**College of Health Sciences Rising Star Staff Award**

**NOMINEE FORM**

**NOMINEE INFORMATION**

Name

Title

Email

Phone

Address

**NOMINATOR INFORMATION (NOMINATION LETTER)**

Name

Title

Address

Email

Phone

**LETTERS OF SUPPORT**

Please include one supporting letter.

**REFERENCE 2**

Name

Title

Address

Email

Phone

**DIRECTOR SUPERVISOR RECOMMENDATION**

PLEASE INDICATE WHETHER YOU SUPPORT THIS NOMINATION (CHOOSE ONE):

Name

Title

Address

Email

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Phone

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Signature

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**AGREE**

**AGREE WITH RESERVATIONS**

**DISAGREE**

**STOP:** Before submitting, please ensure that all items are included. Failure to include all items in the appropriate format will disqualify your application.

**Checklist:**

- Nomination Form
- Letter of nomination
- One letter of support from anyone who can speak to your qualifications
- Direct supervisor's input on nomination form with signature
- All forms compiled in one PDF document for submission