

**ASSOCIATION OF CHRISTIAN LIBRARIANS
Emily Russel Award Nomination Form**

Person making nomination

Name: _____ Date: _____

Address: _____ Email: _____

Office Phone: _____ Fax: _____

Person being nominated

Name: _____ Email: _____

Address: _____

Office Phone: _____ Fax: _____

Why are you nominating this individual?

Detail how the nominee has met the award criteria.

Who do you recommend we contact as references for this nomination?