TDCAA Investigator Section
Award Nomination

This form may be used for wither the Oscar Sherell or Chuck Dennis award.
Please fill in the information to the best of your knowledge.

Award Nomination: (check one) ____ Oscar Sherell _____Chuck Dennis

Nominee:

Name: _____ Title:_____

Office Address:_____
_____

Phone: _____ Supervisor: _____
Nominated By: _____
Phone: _____ E-Mail: _____
May the Board contact you for additional information: _____

Describe the reason(s) you are nominating this investigator for an award. Please be specific ant thorough, attaching additional pages as necessary.

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