

PSHA STUDENT AWARDS

Contact Information:

Name of Chapter: _____

Contact Name: _____

University Address: _____
(University Name, Street Address)

(City, State, Zip)

Email Address: _____

MEMBERSHIP AWARD

Number of NSSLHA Members: _____

Signature of NSSLHA President: _____

Signature of NSSLHA Advisor: _____

CHAPTER HONORS

Attach a statement indicating your reason(s) for nominating your chapter (please limit statements to no more than 500 words). State the activities and/or contributions that you believe make your NSSLHA chapter qualified to receive this honor. Remember that PSHA emphasizes services to the Community, profession, and organization (PSHA). You may want to include: community service contribution (s), chapter outreach, innovative ideas, and fundraising efforts.

Complete and return the above Student Awards applications and statements by February 12, 2010, to the PSHA Office. (Applications received after the submission deadline will not be considered).

PSHA Office

800 Perry Hwy, Suite 3

Pittsburgh, PA 15229

Fax: 412-366-8804

For questions email the PSHA Office, psha@psha.org