

***Lloydena Grimes Award for Excellence in Nursing***

Nomination Form

**Purpose:** To recognize a professional nurse who exemplifies nursing excellence, in honor of Lloydena Grimes, a nursing leader in Oregon and Director of Good Samaritan Hospital and Medical Center School of Nursing for 30 years.

**Eligibility:** Nominees must be alumni of Good Samaritan Hospital and Medical Center School of Nursing or Linfield-Good Samaritan School of Nursing.

**Nominee information** (please print or type)

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Emails \_\_\_\_\_

Employer (if applicable)

\_\_\_\_\_

Employer's Address \_\_\_\_\_

Is the nominee aware that he/she is being nominated? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe how your nominee has contributed to excellence in the the nursing profession, either in the community or by population served. Provide specific examples in one or more of the following areas.

**Practice:** The nominee has contributed to the quality of nursing through exemplary practice.

**Education:** The nominee has displayed commitment to education, sharing clinical knowledge either formally or informally.

**Leadership:** The nominee has exhibited nursing leadership as recognized by others.

**Professionalism:** The nominee has supported the professional image of nursing.

**Additional Comments** (Attach additional sheets if needed.)

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to the Nominee \_\_\_\_\_

*Nomination forms are always welcome, but we only consider those submitted prior to  
MARCH 15 for the current year's award.  
Linfield maintains a pool of all nomination forms for future awards consideration.*

**Send to:** Christopher Kahle  
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