



Georgia School Nutrition Association  
Malcolm Quillen School Nutrition Hero Award  
Nomination Form

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GSNA is looking for your MOST DEDICATED **Nutrition Assistant!**

Do you have a **Nutrition Assistant** that has demonstrated extreme dedication to the SN program? Do they show up EVERY day and have a work ethic beyond measure? If so, GSNA wants to know his/her name. We would like to celebrate these unsung heroes of school nutrition. The program cannot operate efficiently without these dedicated employees and we would like to let them know that their work is appreciated and has helped the state of Georgia become a leader and an example for other states for over 60 years.

Nutrition Assistant's Name: \_\_\_\_\_

County: \_\_\_\_\_

School Name: \_\_\_\_\_

Nominees must demonstrate dedication to professional growth by being an active member at the local, district and state level. Must have active GSNA membership for the previous five years.

**Membership Expiration Date:** \_\_\_\_\_

If in doubt, please double check that the nominee is a current GSNA member and has been a member for at least five years. Previous **winner**s of the Malcolm Quillen School Nutrition Hero award are not eligible.

**For person making the nomination** - Not following these rules will result in a disqualified nomination. When writing nomination, please do not reference the nominee or school district by name. Only refer to the nominee as "the nominee" or "he/she".

How do you know the nominee?

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**Requirements to be completed as part of the nomination.** *Attach additional pages if needed.*

Please provide two specific examples demonstrating how the nominee has positively impacted and demonstrated extreme dedication to the School Nutrition in their system. Include in your examples ways nominee has contributed to the improvement of the SNP program through innovative ideas, promotions or best practices.

Please provide 2 specific examples demonstrating how the nominee has positively impacted and demonstrated extreme dedication and involvement in their local community. Include in your examples specifics on how nominee exhibits strong commitment in the community through mentorship of others or through their involvement with community efforts.

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Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit an electronic photo, preferably in school colors/ uniforms, with this nomination form. Send by email to [info@georgiaschoolnutrition.com](mailto:info@georgiaschoolnutrition.com). Please submit this form and an electronic photo March 1, 2025.

GSNA 2372 Main St., Tucker, Ga 30084