



# Community Champions



## Nomination form for the for Community State Bank Community Champion

Nominee Name: *(Please include First and Last Name)*

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Nominee Phone Number: *(Required for Notification if Chosen)*

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Provide a short paragraph listing the nominees volunteer work and the reason you believe they should be this months Community State Bank Community Champion: *(if you need more room please attach to this form)*

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Nominator Name: \_\_\_\_\_

*(Please Include First and Last Name)*

Nominator Phone Number: \_\_\_\_\_

Nominator's Signature \_\_\_\_\_

Date of Nomination: \_\_\_\_\_

