

Georgia College Counseling Association
Awards Program Nomination Form
Clinical Program of the Year

Development and implementation of a unique clinical program or group for college students. Must be a GCCA member.

Section I -

Nominator's:

1. Name:

2. Address:

3. E-Mail:

4. Phone:

Section II -

Nominee's:

1. Name:

2. Address:

3. E-Mail:

Section III -

Please describe the nominee's clinical program.

Section IV -

Please provide a statement of "why the individual should receive the award."