ALUMNI AWARDS

Nomination Form

Nominee's Full Name _____

Graduation Year (if known) _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Based on the award criteria, I nominate this individual for the following award(s):

[ ] **Distinguished Alumni Award**

[ ] **Young Alumni Achievement Award**

[ ] **Alumni Service Award**

[ ] **Outstanding Alumni Employee Award***

[ ] **Alumni Humanitarian Award**

[ ] **Honorary Alumni Award**

[ ] **AC Stewardship Award**

Please tell us why you are nominating this person:

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Please attach supporting materials as appropriate (i.e. resume, newspaper or magazine articles).

Submitted by _____ Date _____

Your address _____

City/State/Zip _____

Phone_____ Email _____

***New Award 2015 – see criteria**

Thank you for your nomination! Return this form to the Office of Alumni Relations,
Adrian College, 110 S. Madison St., Adrian, MI 49221,
fax to 517-264-3331 or scan and email to mfielder@adrian.edu

2-5-2015