

MILLIGAN COLLEGE
DISTINGUISHED ALUMNUS/A AWARD
NOMINATION FORM

Nominee's information

Full Name _____

Address _____

City/State/Zip _____

Day Phone _____ **E-mail** _____

Milligan College class of _____ (if applicable)

Employer _____

Position _____

Employer's address _____

City/State/Zip _____

Please list nominee's degrees and/or certifications.

What outstanding contributions has the nominee made to his/her profession?

List any awards or honors nominee has received for his/her personal and professional contributions and accomplishments.

Milligan's vision statement is "Where Jesus Christ is exalted and excellence is the standard." How has the nominee embodied this statement in his/her personal and professional life?

How has the candidate brought distinction to Milligan College?

What else would you like us to know about this nominee?

Nominator's name _____

Day phone _____ **Fax** _____

E-mail _____

**Please submit your nomination by clicking on the button below or by printing the form and mailing
or faxing it to Alumni Relations, PO Box 101, Milligan College, TN 37682;
fax—(423) 461-8954. Questions, please call (423) 461-8718 or (800) 447-5922.**