

MILLIGAN COLLEGE
PROFESSIONAL EXCELLENCE 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 _____

What is the nominee's profession?

How long has the nominee been working in this profession?

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 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?

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

Nominator's name _____

Day phone _____ Fax _____

E-mail _____

Please attach supporting data to this form and mail or fax to Alumni Relations, PO Box 101, Milligan College, TN 37682;

fax—(423) 461-8954. If you have questions, please call (423) 461-8718 or (800) 447-5922.