Central Washington University Alumni Association Nomination Form

INFORMATION ABOUT YOUR NOMINEE:

☐ Distinguished Alumni Award ***and/or*** ☐ Special Achievement Award

Name of your nominee_____
Last First Middle

Academic College_____

Degree_____Major_____Year_____

Other Degree(s)_____

University_____ Major_____Year_____

Address (street/city/state/zip)_____

Phone (daytime) (___)_____Phone (evening) (___)_____

Professional Achievements:

Civic or Professional Organizations:

Biographical data must accompany this form. Provide a liberal amount of information. Include and attach any support material with this form that you desire. The Alumni Association Board of Directors will use your information in the deliberation process. Please provide accurate and substantial information. Validity will be checked. Nominator and nominee may be called for additional information.

Printed name and signature of nominator_____

Phone number (___)_____Date_____

Address (street/city/state/zip)_____

Check One: ☐ Alum ☐ Faculty ☐ Staff ☐ Friend of Institution

Return to: CWU Alumni Association, 400 East University Way, Ellensburg WA 98926-7507