

# ALUMNI AWARD NOMINATION FORM

NAME OF NOMINEE: \_\_\_\_\_

I nominate this individual for the following ALUMNI RECOGNITION AWARD:

\_\_\_\_\_ **Distinguished Alumni Award:** This award is presented annually to an alumnus/a who has achieved personal and professional success. The recipient of this award exhibits the values of Briarcliffe College hospitality; a life lived in balance, and personal growth. Their efforts have brought honor to the College, and they are a shining example of alumni achievement and personal dedication.

\_\_\_\_\_ **Outstanding Alumni Service Award:** This award is presented annually to an alumnus/a that has contributed their personal time and talents in support of Briarcliffe College and the Alumni Association. Their dedication and commitment in support of the College and the Alumni Association sets an example for others to follow.

\_\_\_\_\_ **Alumni Faculty Recognition Award:** This award is presented to a Briarcliffe College faculty member who has exhibited the values of Briarcliffe College and a commitment to student welfare. The award is given to a faculty member who has served the College a minimum of 5 years and has exhibited a strong dedication to the school, their field, and to all students past and present.

**IF POSSIBLE, PLEASE ATTACH THE FOLLOWING:**

1. A written explanation as to why you feel the person named above is deserving of the award noted (Required).
2. Contact information for the nominee (Optional).
3. A current resume or curriculum vitae for the nominee (Optional).

Please provide your information as the nominator:

NAME:

ADDRESS:

PHONE NUMBER:

PREFERRED EMAIL ADDRESS:

<b>For Office Use:</b>	<b>Year of nomination:</b>	<b>1 2 3</b>
<b>Date Received:</b>	<b>Graduation confirmed?</b>	<b>Y N</b>
<b>Current contact information? Y N</b>	<b>Passed to committee review?</b>	<b>Y N</b>
<b>If no, explanation:</b>		