

**INDIANA STATE UNIVERSITY  
ALUMNI ASSOCIATION**

DISTINGUISHED ALUMNI AWARD NOMINATION FORM

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Academic Information**

Major: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Professional Achievements**

Employment History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

University and Departmental Involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Return no later than March 31. You may attach additional sheets as needed.**