

**INDIANA STATE UNIVERSITY  
ALUMNI ASSOCIATION**

G.O.L.D. (GRADUATES OF THE LAST DECADE) 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.**