# LINDENWOD

### **ALUMNI MERIT AWARD**

2016 Nomination Form

Nominee's 1	Name:		
Address:			
City:		State:	Zip:
Telephone:		Email	l:
Years attend	led Lindenwood:		
Degree Atta	ined: YES	NO	_
Date:			
Degree Area	a:		
If no, was a	degree granted fr	om another i	institution? YES NO
If yes:	Institution:		
	Date:	A1	rea of study:
Nominator'	s Name:		
Telephone:	(Home )		_ (Cell)
Email:			
Co-Nomina	tor's Name:		
Telephone:	(Home)		(Cell)
Email:			

### Return to:

## Lindenwood University

Attn: Alumni Relations 209 S. Kingshighway St. Charles, MO 63301 Phone: (636) 949-4975

Email: alumni@lindenwood.edu



### **ALUMNI MERIT AWARD**

Nomination Form

Please describe why you feel this person should receive the Alumni Merit Award. Take into consideration professional accomplishments, service, and support to Lindenwood and volunteer contributions.

Please be specific in regard to the nominee's years of involvement and how his/her professionalism has gone above and beyond compared to others with similar responsibilities. It will be helpful if you can use examples.

If you have a resume for your nominee or an outline of his/her career history since leaving Lindenwood, please attach. Thank you for your nomination.