# LINDENWOOD

### LIKE NO OTHER

## **ALUMNI**

#### **ALUMNI MERIT AWARD**

#### 2018 Nomination Form

Nominee's Name:			
Address:			
City:	_ State:	Zip:	
Telephone:	Em	ail:	
Years attended Lindenwood:			
Degree Attained: YES	_NO	_	
If yes,			
Date Attained:	_		
Degree Area:			
If no, was a degree granted fr	om anothe	r institution? YES	NO
If yes, institution:			
Date: Area o	f study:		
Nominator's Name:			
Telephone: (Home)		(Cell)	<u>-</u>
Email:			
Co-Nominator's Name:			
Telephone: (Home)		(Cell)	
Email:			

professional accomplishments, service, support to Lindenwood, and volunteer	contributions.
Please be specific in regard to the nominee's years of involvement and how his has gone above and beyond compared to others with similar responsibilities. Sphelpful.	
	• •
Please attach a resume for your nominee or an outline of his/her career history Lindenwood.	since leaving
Thank you for your nomination.	

Describe why you feel this person should receive the Alumni Merit Award. Take into consideration

Return to

Lindenwood University

Attn: Alumni Relations 209 S. Kingshighway St. Charles, MO 63301

Phone: (636) 949-4975

Email: alumni@lindenwood.edu