50 YEAR CLUB OUTSTANDING RECOGNITION AWARD
CAREER ACHIEVEMENT AWARD

Nomination Form

Section 1
Name of Nominee: ________________________________
Address: __________________________ City: _________ State: __ Zip: ____
Telephone: (___) _____________
E-mail Address: ________________________________

Year of Graduation: _______ Major: ________________________________

Other Degrees/Education: ________________________________
__________________________________________________________________________

Occupation or Profession (current/retired):
_____________________________
__________________________________________________________________________

Section 2
How has the nominee demonstrated a proven record of extraordinary
distinction and accomplishment in his or her field?
__________________________________________________________________________
__________________________________________________________________________
List awards and/or honors the nominee has received in recognition of his or her career achievements locally, nationally or internationally.

Tell the story of the nominee’s lifelong accomplishments and achievements in his or her field:

List the professional organizations and offices the nominee has held:

How has the nominee demonstrated achievements that reflect the knowledge and values gained from his or her education:
Other accomplishments and nomination information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Why do you believe your nominee deserves this award?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional Notes: ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please attach up to five letters of recommendation from those who are familiar with the nominee’s accomplishments and service if available.

Please attach up to three articles, photographs, or other supporting information.

Name of Nominator: ____________________________

Address: ____________________________ City: _______ State: _____ Zip: _______
Telephone: (H) (__) _____________________ (W) (__) _____________________
E-mail address: ____________________________________
Return COMPLETE nominations to:
Colorado State University Alumni Association
7114 Campus Delivery
Fort Collins, CO  80523-7114

Questions?
Email: csualumni@colostate.edu
(970) 491-6533 or toll free at (800) 286-2586

NOMINATIONS CAN ALSO BE COMPLETED ONLINE AT WWW.ALUMNI.COLOSTATE.EDU

DEADLINE FOR NOMINATIONS IS: Thursday, June 30, 2016