50 YEAR CLUB OUTSTANDING RECOGNITION AWARD
PUBLIC SERVICE 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 leadership skills and exemplary public
and/or community service to his or her community?
________________________________________
____________________________________________________________________________
How has the nominee provided service to his or her charitable or religious organizations?

How has the nominee provided service to local, state, or national government?

How has the nominee provided service to the medical or environmental well-being of humankind?
How has the nominee provided service to Colorado State University (volunteer roles, board memberships, committees, etc.)?

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

List any awards or honors the nominee has received recognition for related to public service.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Describe the nominee’s public service highlights.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Other accomplishments and nomination information:

___________________________________________________________________________________

___________________________________________________________________________________

Why do you believe your nominee deserves this award?

___________________________________________________________________________________

___________________________________________________________________________________
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

You may attach a resume, letters of recommendation, or any additional supporting information to this nomination

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