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?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________
___________________________________________________________________________

How has the nominee provided service to the medical or environmental well-being of humankind?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________

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 Friday, June 30, 2017