Distinguished & Young Alumni Awards - Nomination Form

Please complete the form below to submit your nomination. Reference the nomination criteria in your answers. Mail letter of recommendation and/or additional information to the attention of the Alumni Office. This additional documentation will help in the selection process.
Nomination Form Due August 1, 2014

Name of Nominee: _____

Program: _____ Class Year: _____

College/School: _____

Address: _____

Phone: _____ E-mail Address: _____

Employer: _____ Title/Position: _____

Type of Award: ☐ Young Alumnus Award (Due August 1)
☐ Distinguished Alumnus Award (Due August 1)

Reason for Nomination: _____

_____

_____

Awards/Honors: _____

_____

Recognition/Accomplishments: _____

_____

Personal Characteristics: _____

_____

Service to TCON&HS/Community: _____

_____

Spouse's Name: _____

Nominator's Information:

Name: _____ Date: _____

Phone: _____ E-mail Address: _____

Mailing Address:

Trinity College of Nursing & Health Sciences
2122 25th Avenue, Rock Island, IL 61201