

YOUNG ALUMNI AWARD NOMINATION FORM

Nominee's Information

Full Name			
Address			
City/State/Zip			
Day Phone	Email		
Milligan class of (if a	pplicable)		
Employer			
Position			
Employer's address			
City/State/Zip			
Please list nominee's degrees and/	or certifications.		
What outstanding contributions has	s the nominee made to his/her p	orofession?	
List any awards or honors nominee	has received for his/her perso	nal and professional contributi	ions and accomplishments.
Milligan's vision statement is "Wher this statement in his/her personal a		xcellence is the standard." Hov	w has the nominee embodied
How has the candidate brought dis	stinction to Milligan University?		
What else would you like us to kno	w about this nominee?		
Nominator's name			
Day Phone	Fmail		