MILLIGAN
UNIVERSITY

PROFESSIONAL EXCELLENCE AWARD NOMINATION FORM

Nominee's Information

Full Name _____

Address _____

City/State/Zip _____

Day Phone _____ Email _____

Milligan class of _____ (if applicable)

Employer _____

Position _____

Employer's address _____

City/State/Zip _____

What is the nominee's profession? How long has the nominee been working in this profession?

Please list nominee's degrees and/or certifications.

What outstanding contributions has the nominee made to his/her profession?

List any awards or honors nominee has received for his/her personal and professional contributions and accomplishments.

Milligan's vision statement is "Where Jesus Christ is exalted and excellence is the standard." How has the nominee embodied this statement in his/her personal and professional life?

What else would you like us to know about this nominee?

Nominator's name _____

Day Phone _____ Email _____

Please attach supporting data to this form and email to alumni@milligan.edu or mail to Alumni Relations, PO Box 101, Milligan, TN 37682. Questions, please call 423.461.8718.