

MARYLHURST UNIVERSITY

DISTINGUISHED ALUMNI AWARD NOMINATION FORM



SECTION A: NOMINEE INFORMATION (PLEASE COMPLETE)

NAME _____ CLASS YEAR _____

SELECT ONE OF THE THREE AWARD CATEGORIES:

- 1. _____ DISTINGUISHED PROFESSIONAL**
Awarded to an alum for significant contribution and achievement in his/her career.
- 2. _____ SERVICE TO SOCIETY**
Awarded to an alum for exemplary community involvement and service.
- 3. _____ SERVICE TO MARYLHURST**
Awarded to an alum who promotes the Marylhurst mission through volunteer involvement on campus or as an ambassador of Marylhurst University in the community.

GIVE SPECIFIC REASONS WHY YOU NOMINATED THIS ALUMNI: _____

(MAKE ADDITIONAL COMMENTS ON THE BACK)

SECTION B: NOMINEE BACKGROUND AND CONTACT INFORMATION (OPTIONAL - COMPLETE IF KNOWN)

PROFESSIONAL TITLE/POSITION _____

NAME OF BUSINESS/INSTITUTION/ORGANIZATION _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ HOME FAX (_____) _____ HOME EMAIL _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (_____) _____ BUSINESS FAX (_____) _____ BUSINESS EMAIL _____

UNDERGRADUATE DEGREE _____ YEAR _____ ADVANCED DEGREE _____ YEAR _____

SECTION C: NOMINATOR

NAME OF PERSON SUBMITTING THIS FORM _____ DATE _____ PHONE NO. (_____) _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ EMAIL _____

PLEASE RETURN TO THE ALUMNI AND DONOR RELATIONS OFFICE, MARYLHURST UNIVERSITY, PO BOX 261, MARYLHURST, OR 97036-0261;
PHONE: 503.699.6251; TOLL-FREE: 800.634.9982, EXT 6251; FAX: 503.636.3870