Alumni of the Year Nomination Form

Nominee’s Name: ____________________________________________

Year Graduated, if known: ________________

Your Name: ________________________________________________

Your Email or Phone Number: __________________________________

Area(s) of contribution or achievement (through vocation or volunteerism):

____________________________________________________________________________

Name of associate that could be contacted as a reference:

Name: _______________________________________________________

Contact Information: ___________________________________________

Please provide support for your nomination in 500 words or less. Use the following criteria as your guide:

1. Has made a significant contribution to their field of endeavor.
2. Are recognized by their associates for outstanding achievements through vocation or volunteerism.
4. Has maintained a connection to the College through time, talent, or resources.

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Completed form can be submitted via email to alumni@trnty.edu or via mail to Trinity Christian College
Attn: Alumni Office 6601 W. College Dr. Palos Heights, IL 60463
Completed form can be submitted via e-mail to alumni@trnty.edu or via mail to Trinity Christian College
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