

McKendree University Academy of Excellence

NOMINATION FORM (Nominations accepted through March 1st)

Nominee's Name: _____
 First Middle Last Graduation Year

Nominee's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

ACADEMY OF EXCELLENCE PURPOSE

The purpose of the organization is to recognize those individuals who, through achievement, leadership, and character, have made exceptional contributions to the honor and prestige of McKendree University in their various fields of endeavor and who have continued to demonstrate in their daily lives the values imparted through a liberal arts education.

NOMINATION CATEGORY Please check one.

_____ **FORMER STUDENT**

A member of a class that graduated at least five years prior to the current academic year OR a student who was enrolled on a full-time basis for at least two semesters prior to the current academic year.

_____ **FORMER FACULTY AND/OR STAFF**

Employment at McKendree University for at least five years. (A passage of five years time since retirement or departure is recommended.)

FIELDS OF ENDEAVOR Please circle the appropriate field.

Odd numbered years

Business
Education
Humanities
Mathematics, Science, and Technology

Even numbered years

Community Service
Health Care
Language, Literature, and Communication
Social Sciences

STATEMENT OF NOMINATION

Specific facts and supporting documentation are required on the nominee. This documentation and a one-page statement describing the nominee's achievements are required in order for the nomination to be considered.

Nomination Submitted By: -----

First

Last

Address: -----

City: ----- State: ----- Zip: -----

Phone: ----- E-mail: -----

Nominations must be sent no later than March 1st of the year in which the award is to be given:

Academy of Excellence
Office of Alumni Relations
McKendree University
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618-537-6813
alumni@mckendree.edu