



# OUTSTANDING ALUMNI AWARD DISTINGUISHED SERVICE AWARD

## NOMINATION FORM

Please complete the following. Please type or print neatly. After receiving this form, an Alumni Council Recognition Committee member may contact you for additional information.

### NOMINEE INFORMATION

Name of Nominee: \_\_\_\_\_ Class Year: \_\_\_\_\_

Association with Earlham College, if not an alumna/alumnus (For Distinguished Service Award):

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### NOMINATOR INFORMATION

Nominated by: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **ADDITIONAL NOMINEE INFORMATION**

Use the following space to provide information about the candidate you deem noteworthy. Please feel free to attach resumes, articles or any other supporting documentation.

---

---

---

---

---

---

---

---

---

---

## **MAILING INFORMATION**

Nominations must be received by March 1<sup>st</sup>.

Please send nominations to:  
Alumni Relations Office  
Earlham College  
801 National Road West  
Drawer 193  
Richmond, Indiana 47374

Or email to Laura Hinkley at [hinklla@earlham.edu](mailto:hinklla@earlham.edu)

**For Office Use Only:**

Date Received: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Committee Member Assigned: \_\_\_\_\_

Date Nomination Expires: Month: \_\_\_\_\_ Year: \_\_\_\_\_