HONORARY ALUMNUS/ALUMNA AWARD
NOMINATION FORM

THIS AWARD WAS ESTABLISHED AS THE HIGHEST HONOR FOR NON-ALUMNI IN 1966 BY THE ALUMNI ASSOCIATION BOARD OF DIRECTORS TO HONOR FRIENDS OF WASHINGTON STATE UNIVERSITY WHO HAVE GIVEN SPECIAL SERVICE TO THE UNIVERSITY IN SOME MANNER.

TO SUBMIT A NOMINATION: complete and return this form with supporting documentation to the address on the reverse side by March 15 or September 1. Anyone that attended at least one semester of classes at WSU is considered an alum and is therefore ineligible for this award.

PERSON NOMINATED

NAME
ADDRESS
CITY______________________STATE__________ZIP____________________
AFFILIATION TO WSU (FRIEND, EMPLOYEE, RETIREE, ETC)____________________

PROFESSIONAL POSITIONS AND ACCOMPLISHMENTS IF WSU EMPLOYEE, FORMER EMPLOYEE, RETIREE
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CONTRIBUTIONS AND SERVICE TO WSU
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WSU VOLUNTEER SERVICE
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

HONORS AND AWARDS
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
SUPPORTING COMMENTS


THIS FORM IS REQUIRED FOR ALL NOMINATIONS. SUPPORTING INFORMATION SUCH AS CLIPPINGS, ARTICLES AND ADDITIONAL GENERAL COMMENTS MAY BE ATTACHED.

SUBMITTED BY

ADDRESS

PHONE

EMAIL ADDRESS

ENDORSED BY

(OPTIONAL)

PROPOSED INSCRIPTION FOR AWARD CERTIFICATE:


MAIL TO:  WASHINGTON STATE UNIVERSITY
ALUMNI ASSOCIATION
LEWIS ALUMNI CENTRE
PO BOX 646150
PULLMAN, WA  99164-6150

TO BE COMPLETED BY THE ALUMNI OFFICE:

WSU ID# (IF APPLICABLE)

SPOUSES NAME_____________________________ WSU ALUMNUS________________

CHILDREN ATTENDED WSU

ALUMNI ASSOCIATION MEMBERSHIP STATUS__________________________

REVISED 6/16