

Call for Nominations: Distinguished Alumni, Distinguished Service, and Torchlighter Awards

I would like to nominate: _____ for the _____ award.

Please print the following information about the nominee:

Nominee's Name _____ Class Year _____ Campus Center _____

Address _____ City, State & Zip _____

Home phone (_____) _____ Business phone (_____) _____

Fax (_____) _____ E-mail _____

Graduate studies, specialized training _____

Nominee's title/occupation _____

Current employer and address (if applicable) _____

Nominee's past and current involvement with Park _____

Civic or church activities or interests _____

Special honors or recognition _____

Nominee's contributions to community, service organizations or professions _____

Publications, research, special accomplishments _____

Why do you think this person should receive this award? _____

You may attach additional sheets of information if necessary.

Submitted by: _____

Date: _____

Phone: _____

E-mail address: _____

**Return to: Alumni Relations Office
Campus Box 37, Park University
8700 N.W. River Park Drive
Parkville, MO 64152
Fax: 816-505-5409
or phone toll-free: 1-800-488-7275 (PARK)**