EASTERN MICHIGAN UNIVERSITY 59th Annual Alumni Awards Nomination

(If completing by hand, please print clearly.)

In addition to full completion of this form, a narrative explanation for this nomination in essay format must also be submitted. Please note nominations without the inclusion of an essay are incomplete and ineligible for consideration. Letters of support are required.

NOMIN	EE INFOF	RMATION (individual for aw	ard consid	eration)	SUBMISSION DEADLINE: October 18, 2019					
Award ca	ategory:	☐ Outstanding Young Alu	mni 🔲 /	Alumni Achievement	☐ Distinguished Alumr	ni 🗌 Distinguis	hed Service			
Title:	First na	me:		Middle name:		Last name:				
Street ac	ddress:									
City:						State:	ZIP code:			
Please provide at least one telephone number.										
Home:			Work:			Cell:				
E-mail a	ddress:									
Current job title/profession:										
Busines	s addres	S								
Street ac	ddress:									
						I				
City:						State:	ZIP code:			
Educati	onal bacl	ground	ı							
Institutio	on:		Degree:				Year earned:			
	tional his	tory	ı							
Employe	r:		Position:				Dates employed:			
* Attach	additional	nage(s) if necessary								
* Attach additional page(s) if necessary History of service to Eastern Michigan University and/or the EMU Alumni Association*:										
			,,							

EASTERN MICHIGAN UNIVERSITY

				SUBMISSION DEADL	INE: OCTOBER 12, 2018						
Present professional affiliations*:											
Outstanding achievements and honors received in field*:											
Published works*:											
Voluntee	r/community service*:										
Voluntee	Treominatine service :										
NOMINA	ATOR INFORMATION (individual sub	mitting th	ne nomination)								
Title:	First name:	<u> </u>	Middle name:	Last name:							
The fame.		That Hames	Last Harret								
Street ad	dress.		<u> </u>								
ou cet da											
City:			State:	ZIP code:							
City				State.	Zii code.						
Dleace nr	rovide at least one telephone number.										
Home:	ovide at least one telephone number.	Work:		Cell:							
E-mail ac	Idrace	WOIK:		Cell.							
	_	11 1	re								
EMU affiliation (select all applicable): EMU graduate EMU faculty/staff Other: Other:											
EMO aeg	ree(s) and year earned:										

Return completed application to: EMU Office for Alumni Relations 234 McKenny Hall

Ypsilanti, MI 48197