50 YEAR CLUB OUTSTANDING RECOGNITION AWARD
CAREER ACHIEVEMENT AWARD

Nomination Form

Section 1
Name of Nominee: ____________________________________________________________
Address: __________________________________ City: __________________ State: ___ Zip: _____
Telephone: (____) ____________________
E-mail Address: ______________________________________________________________

Year of Graduation: _______ Major: ______________________________________________

Other Degrees/Education: ___________________________________________________________
___________________________________________________________________________

Occupation or Profession (current/retired): ________________________________
___________________________________________________________________________

Section 2
How has the nominee demonstrated a proven record of extraordinary distinction and
accomplishment in his or her field?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

List awards and/or honors the nominee has received in recognition of his or her career
achievements locally, nationally or internationally.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

ALUMNI ASSOCIATION
COLORADO STATE UNIVERSITY
Tell the story of the nominee’s lifelong accomplishments and achievements in his or her field:

___________________________________________________________________________

___________________________________________________________________________

List the professional organizations and offices the nominee has held:

___________________________________________________________________________

___________________________________________________________________________

How has the nominee demonstrated achievements that reflect the knowledge and values gained from his or her education:

___________________________________________________________________________

___________________________________________________________________________

Other accomplishments and nomination information:

___________________________________________________________________________

___________________________________________________________________________

Why do you believe your nominee deserves this award?

___________________________________________________________________________

___________________________________________________________________________

Additional Notes: ___________________________ ___________________________ ___________________________

___________________________________________________________________________

___________________________________________________________________________

Please attach three (3) letters of recommendation from those who are familiar with the nominee’s accomplishments and service if available.

Please attach up to three (3) articles, photographs, or other supporting information.
Name of Nominator: ________________________________________________________________
Address: __________________________ City: _________ State: ______ Zip: ______

Telephone: (H) (___) _____________________ (W) (___) __________________________
E-mail address: ________________________________________________________________

Return COMPLETE nominations to:
Colorado State University Alumni Association
7114 Campus Delivery
Fort Collins, CO  80523-7114

Questions?
Email: csualumni@colostate.edu
(970) 491-6533 or toll free at (800) 286-2586

NOMINATIONS CAN ALSO BE COMPLETED ONLINE AT WWW.ALMUNI.COLOSTATE.EDU

DEADLINE FOR NOMINATIONS IS: Friday, July 12, 2019