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 their field?

List awards and/or honors the nominee has received in recognition of their career
achievements locally, nationally or internationally.
Tell the story of the nominee’s lifelong accomplishments and achievements in their 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 their education:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Other accomplishments and nomination information:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Why do you believe your nominee deserves this award?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

List any CSU campus organizations the nominee participated in while a student:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Additional Notes: ___________________________________________________________
Please attach two (2) letters of recommendation from those who are familiar with the nominee’s accomplishments and service if available.

Please attach up to three (2) 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.ALUMNI.COLOSTATE.EDU

DEADLINE FOR NOMINATIONS IS: Friday, May 1, 2020