

**COKER COLLEGE ALUMNI ASSOCIATION
NOMINATION FORM**

I nominate the following candidate to be considered for:

- ___ **ALUMNI ASSOCIATION BOARD MEMBER**
- ___ **ALUMNI ASSOCIATION DISTINGUISHED ACHIEVEMENT AWARD**
- ___ **ALUMNI ASSOCIATION DISTINGUISHED SERVICE AWARD**
- ___ **ALUMNI ASSOCIATION OUTSTANDING YOUNG ALUMNI AWARD**
A graduate of the past 20 years and/or age 45 or less
- ___ **ALUMNI ASSOCIATION SPECIAL RECOGNITION AWARD**

Name: _____

Address: _____ Phone: _____

Email address: _____

Alumna/us: _____ Class: _____ or Friend of the College _____

Graduate, professional or honorary degrees: _____

Occupation: _____

Community service, organizations: _____

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