

**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: _____

Continued on back

Other honors or career distinctions: _____

Spouse's name and occupation: _____

Please provide documentation for your candidate such as newspaper articles, letters of recommendation from people in the community, or website information if available.

All information will remain confidential

Submitted by: _____

Address: _____

_____ Home phone: _____

Employer: _____ Office phone: _____

Email Address: _____ Coker Graduate: Y or N Year: _____

YOUR honors, recent accomplishments: _____

Signature: _____ Date: _____

Please return by August 31 to: Alumni Office, Coker College, 300 East College Ave. Hartsville, SC 29550