FAMILY OF THE YEAR NOMINATION FORM

The ___________________________ family is hereby nominated for the Lincoln University Annual Family of the Year Award.

Nominated by the ___________________________ Alumni Chapter of Lincoln University for the _______ year.

(Signed) ___________________________

(Chapter Position) _________________

CONTACT INFORMATION FOR NOMINEE:
Name: ___________________________________ Address: ___________________________________________________________________

City: _______________________________ State: _______________ Zip: __________________

Phone: ___________________________ Email: ___________________________________________________________________

Please indicate how the nominee reflects the following criteria and include this form with all attachments:

CRITERIA:

1. Nominee’s Contribution to Lincoln University
2. Nominee’s Extended Contact with Lincoln University
3. Community, Civic and/or Political Involvement
4. Honors and Awards from Other Associations (optional)
5. Local Alumni Chapter Comments

This form, along with all attachments must be postmarked by November 30 and mailed to:
Lincoln University
Office of Alumni Affairs
818 Chestnut Street
Jefferson City, MO 65102