

2019 SCSUNAA Stellar Calendar Nomination Form

Please check the category:

The Arts Athletics Business Community Service

Government Engineering Law Military

Medicine Religion Science/Technology

Name of Nominee: _____

Address: _____

Phone: Home () ____ - ____ Work () ____ - ____ Cell () ____ - ____

E-Mail: _____ Fax: _____

Year of Graduation: _____ Major/Degree: _____

Chapter Affiliation: _____ Regular Life Member: At/Large:

List Office(s) Held and Year(s) in Local/National Alumni Association

_____	_____
_____	_____
_____	_____

Contribution(s) to South Carolina State University National Alumni Association
(list two and attach documentation).

Contribution(s) to South Carolina State University (list two and attach
documentation).

NOMINATION FORM (continued)

Contribution(s) in the professional area for which Nominee is being recognized – local, community, etc. (List at least two with documentation.)

Professional / Civic / Volunteer Achievements. (List at least two with documentation.)

Nominee's Signature: _____ Date: _____

President's Signature: _____ Date: _____

Phone Number: () ____ - ____

Chapter Address: _____

