

**2019 STELLAR CALENDAR TRANSMITTAL FORM**

Directions: A separate form should be submitted for each nomination with all materials attached.

Nominee's Name: \_\_\_\_\_

Category: \_\_\_\_\_

\_\_\_ Nomination Form With Documentation

\_\_\_ Letter of Support

Signature of Person Making

Nomination: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of President

If nominated by chapter: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The Alumni Stellar Calendar Committee reserves the right to fill any position if nominations are not submitted by chapters, with input from The National Alumni Association President or the President's designee.**

**DO NOT WRITE BELOW THIS LINE**

Date Received \_\_\_\_\_

Complete \_\_\_\_\_

Incomplete \_\_\_\_\_