



ALUMNI ASSOCIATION AWARDS NOMINATION FORM

Award: (Select One)

- Alumnus/a of the Year Award
- Recent Graduate Achievement Award
- Distinguished Alumni Service Award
- Friend of the Alumni Association Award
- Distinguished Teacher or Staff Award

Name of Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail: _____

Please attach a letter of recommendation stating why this individual should be considered for this award and submit to:

SUNY New Paltz Alumni Association
P.O. Box 1156
New Paltz, NY 12561
E-Mail: sunynewpaltzalumniassociation@msn.com