# Indiana University of Pennsylvania Award of Excellence in Volunteer Leadership Nomination Form



# NOMINATOR'S CONTACT INFORMATION

Please tell u	ıs about you:				
First name:		Last Name:			
Address:					
	Street Address 1	Citv	ST	ZIP	
Mobile Phone:		Alternate Phone:			
Email:					
Date of nor					
NOMINEE'	S CONTACT INFORMAT	ION			
Please tell u	us about the person you	are nominating:			
First name:		Last Name:			
Address:					
	Street Address 1	City	ST	ZIP	
Mobile Phone:		Alternate Phone:			
Email:					
NOMINEE'	'S PROFESSIONAL INFOI	RMATION			
Business or	profession:				
Organizatio	n name:				
Job Title:					
Business					
Address:	Street Address 1	Citv	ST	ZIP	
Business Telephone:		E-mail:			

### NOMINEE'S CONTRIBUTIONS, COMMITMENT, AND SERVICE

Please indicate the appropriate area with which the nominee's contributions, commitment, service, and/or leadership correlate. Please check all that apply. See definitions at <u>www.alumni.iup.edu/awardofexcellence</u>

Affinity Services

Advancement Support Regional Impact Aspiring Alumni Award

Please list and describe the nominee's contributions, commitment, and service to IUP and/or the IUP Alumni Association:

#### NOMINEE'S BOARD OR COMMITTEE ACTIVITY

Please list any board or committee activity with IUP:

NOMINEE'S PERSONAL INFORMATION				
Spouse/Partner name: ( <i>if applicable)</i> Is the spouse/partner also an IUP almnus/a?	Yes	No	Not sure	
Children:				

### ADDITIONAL INFORMATION

Please list any additional information concerning the nominee which you feel may be helpful to the Volunteer Recognition Committee in making its selection:

Please return the completed form to: Office of Alumni and Friends

Email: <u>alumni-relations@iup.edu</u>

Mail: Award of Excellence in Volunteer Leadership Attention: Office of Alumni and Friends, IUP Breezedale Alumni Center 880 School Street Indiana, PA 15705-1013