

**WARTBURG COLLEGE ALUMNI CITATION
NOMINATION FORM**

NAME OF NOMINEE _____ CLASS YEAR _____ DEGREE _____

ADDRESS _____ CITY/STATE _____ ZIP CODE _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

I wish the above to be considered for an Alumni Citation in the following category. (Check at least one. Check more if they apply.)

_____ Contribution to and support of the college

_____ Vocational and professional achievements

_____ Contribution to the Church

_____ Contribution to his/her local community

Professional, church, community affiliations:

Reasons for nominating:

Signed: _____

(Nominator's signature)

Date: _____

(Name – please print)

Address: _____

City/State/Zip: _____

Phone: _____

Please provide two references – persons other than immediate family who would be willing to write a letter of recommendation for your candidate. There must be at least two letters of recommendation on file before the nomination is considered complete and ready for the Citations Committee of the Alumni Board to review at its fall meeting. Please enclose a one page summary of the individuals vita/resume and other supporting material that may be applicable. (e.g., newspaper articles, testimonies, etc.). **It is preferred that the nomination remain confidential and that the nominee not be informed about their nomination.**