



MWCC Alumni of the Year Nomination Form

Nominee: (Please include maiden name if applicable.)

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

MWCC Graduation Year _____ Degree: _____

E-Mail: _____

Other education: (include any undergraduate and graduate degrees.) _____

Profession/Vocation: _____

Employer: _____

Awards/Honors/Achievements: _____

Community Service: _____

MWCC and/or Alumni Association Involvement: _____

(Resume/Vitae may be submitted for above.)

*****Nominator Information Required*****

Name _____
Address _____
City _____ State _____
Zip Code _____ Phone _____
Email _____

MWCC Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what year did you graduate? _____
Degree _____

Signature _____ Date _____