

## ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION AWARDS & RECOGNITION PROGRAM

The Alcorn State University National Alumni Association (ASUNAA) established the Awards and Recognition Program to acknowledge the commitment and support of Alcorn State University's Alumni. The ASUNAA applauds the outstanding dedication and accomplishments of those individuals and alumni groups whose service is exemplary. Alumni give of their time and their talent in so many ways, demonstrating that the best of Alcorn can be the best *for* Alcorn.

### Categories

The Awards and Recognition Committee oversees the following categories:

- Alcornite of the Year
- Hall of Honor
- Chapter & Individual Awards
  - Undergraduate of the Year Award
  - Outstanding Young Alcornite Award
  - Professional Achievement Award
  - Most Outstanding Service Award
  - Meritorious Award
  - Faithful Service Award
  - New Chapter of the Year Award
  - Chapter President of the Year Award
  - Outstanding Chapter of the Year Award
    - Small (1-35 members)
    - Medium (36-75 members)
    - Large (76 members and above)

### Method of nomination:

The Awards & Recognition Committee encourages the submission of eligible nominations through the completion and return of the forms included on the following pages by:

Alcornite of the Year - **November 30<sup>th</sup>**

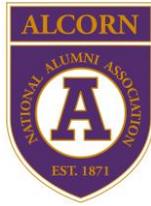
Hall of Honor – **November 30<sup>th</sup>**

Chapter and Individual Awards – **November 30<sup>th</sup>**

The forms alone will be used by the committee in determining individuals and chapters to receive the Award, and, therefore, should be filled in as completely as possible.

### Announcement and recognition:

The elected Alcornite of the Year and the selected Hall of Honor Inductees will be announced at a business meeting during Mid-Winter Conference. Individual and Chapter Award recipients, Alcornite of the Year and Hall of Honor inductees will be recognized and honored at the Annual Hall of Honor Banquet during Alumni Weekend in May.



## **CHAPTER AND INDIVIDUAL AWARDS Awards Criteria and Nomination Forms**

### **Undergraduate of the Year**

1. The nominee must be a graduating senior.
2. The nominee must have worked with an alumni chapter or the Office for Development & Alumni Affairs.
3. The nominee must have attended at least one (1) undergraduate ASUNAA orientation workshop.
4. The nominee must have exhibited leadership qualities while an undergraduate at ASU.
5. The nominee must be nominated by an ASU Faculty member, the Alumni Affairs Director, a Chapter President, or any active member of the ASUNAA.
6. The application must be signed by one of the above named individuals that nominated the applicant.
7. Chapter President signature required on application.

### **Outstanding Young Alcornite Award**

1. The nominee must have received an undergraduate degree from ASU within five (5) years at the time of his/her nomination.
2. The nominee must be an active and involved member of the alumni chapter submitting his/her name and the ASUNAA.
3. The nominee must be an annual contributor, of any amount of money, to the ASU or Alumni Foundation for a period of five (5) years at the time of his/her nomination.
4. The nominee must have served or is serving on a standing committee of the ASUNAA.
5. The nominee must have rendered other services to enhance the ASUNAA.
6. Chapter President signature required on application.

### **Professional Achievement Award**

1. The nominee must be a graduate of Alcorn State University who has obtained high levels of achievement in his/her profession.
2. The nominee must also have represented the university well in pursuit of excellence in her/her profession.
3. The nominee must have demonstrated good character and outstanding citizenship on local, state, and national levels.
4. The nominee must be a member of the Alcorn State University National Alumni Association, local and national.
5. The nominee must be an annual contributor to the ASU or Alumni Foundation, the National Alumni Association or a contributor to any supportive entity of Alcorn State University.
6. An ASUNAA member who is an annual contributor to the ASU Foundation or the ASUNAA or any supportive entity of Alcorn State University and has personal knowledge of the professional services for which the nominee is nominated must nominate the nominee.
7. Chapter President signature required on application.

### **Most Outstanding Service Award**

1. The nominee must have attended Alcorn State University for one semester.
2. The nominee must be an active and involved member of the alumni chapter submitting his/her name and the ASUNAA.
3. The nominee must have demonstrated good character and outstanding citizenship on local, state, and national levels.
4. The nominee must be an annual contributor to the Alcorn National Foundation or the National Alumni Association or a contributor to any supportive entity of Alcorn State University.
5. An ASUNAA member who is an annual contributor to the ASU Foundation or the ASUNAA or any supportive entity of Alcorn State University and has personal knowledge of the professional services for which the nominee is nominated must nominate the nominee.
6. The nominee must have rendered other services to enhance the ASUNAA and Alcorn State University.
7. Chapter President signature required on application.

### **Meritorious Award**

1. The nominee must have ten (10) years of continuous service with both the local and national alumni associations.
2. The nominee must have engaged in activities and performances that have resulted in great merit and significant benefit to the welfare of the university.
3. The nominee must have worked diligently to assist the National Alumni Association in the implementation of any of its programs.
4. The nominee must be an active and involved member of the alumni chapter submitting his/her name and the National Alumni Association.
5. The nominee must be an annual contributor to the Alcorn State University Foundation.
6. The nominee must have actively served on a committee of the ASU National Alumni Association within the last five (5) years.
7. The nominee must have rendered other services to enhance the ASUNAA and Alcorn State University.
8. The nominee must have attended ASU for one semester.
9. Chapter President signature required on application.

### **Faithful Service Award**

1. The nominee must have attended Alcorn State University for one semester.
2. The nominee must be an active and involved member of the alumni chapter submitting his/her name and the ASUNAA for five (5) years.
3. The nominee must be an annual contributor to the ASUNAA or the National Foundation.
4. The nominee must currently serve on a committee of the ASUNAA.
5. The nominee must have performed exceptional service to the ASUNAA.
6. The nominee must have rendered other services to enhance ASUNAA and Alcorn State University.
7. Chapter President signature required on application.

### **New Chapter of the Year Award**

1. The chapter nominated must have organized within the last five (5) years.
2. The chapter must have rendered significant services in the implementation of the program and activities of the ASUNAA.
3. The chapter nominated must have made notable financial contributions to the ASUNAA.
4. The chapter must have made diligent efforts to increase membership locally and nationally during its period of existence.
5. The chapter nominated must have rendered other services to enhance ASUNAA and Alcorn State University.
6. The chapter nominated must have made other efforts to implement and promote the education and cultural aspects of the community.

7. Chapter President signature required on application.

### **Chapter President of the Year**

1. The nominee must have exemplified leadership and the chapter has made notable financial contribution to the ASUNAA.
2. The nominee must have been instrumental in increasing the local and national alumni association's membership.
3. The nominee must have made efforts to implement and promote the educational and cultural aspects of its local community.
4. The nominee must have rendered significant services in the implementation of the programs and activities of the ASUNAA and ASU.
5. The nominee must have rendered other services to enhance the ASUNAA and ASU.
6. The nominee must be an active and involved member of both the local and national alumni association.
7. The nominee shall be from a small, medium or large chapter.
8. Chapter President signature required on application.

### **Outstanding Chapter of the Year Award**

**SMALL (1-35 members) MEDIUM (36-75 members) LARGE (76 member and above)**

1. The chapter nominated must have made notable financial contribution to the ASUNAA and Alcorn State University.
2. The chapter nominated must have made diligent efforts to increase membership in its local alumni chapter and the ASUNAA.
3. The chapter nominated must have made efforts to implement and promote the educational and cultural aspects of its local community.
4. The chapter nominated must have rendered significant services in the implementation of the programs and activities of the ASUNAA and ASU.
5. The chapter nominated must have rendered other services to enhance the ASUNAA and ASU.
6. Chapter President signature required on application.

**OFFICIAL NOMINATION FORM**  
**UNDERGRADUATE OF THE YEAR AWARD**  
**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**  
(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

**Nominee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Are you a graduating senior?:** Yes  No

**Major or Majors:** \_\_\_\_\_

**Do you plan to join a local alumni chapter and the national alumni association upon graduation?** Yes  No

1. What significant contribution have you made to the national alumni association, if any?

\_\_\_\_\_

2. Do you have any affiliation with a local chapter? Yes  No

3. Special awards for academic performance:

\_\_\_\_\_

4. Please list all extracurricular activities (leadership positions held, special honors, and awards received while at ASU):

\_\_\_\_\_

5. What organizations (off-campus) are you affiliated with?

\_\_\_\_\_

6. Why do you feel you should receive this award?

\_\_\_\_\_

7. What has it meant for you to attend Alcorn State University?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Required Additional Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**

**OUTSTANDING YOUNG ALCONITE AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

**Nominee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year(s) graduated or attended Alcorn State University:** \_\_\_\_\_

**Major or Majors:** \_\_\_\_\_

**Degree(s) Earned (Select all that apply):**  Bachelor  Master  Specialist

**Current Chapter & Years of Membership:**

**Previous Chapter & Years of Membership:**

**Other education:** \_\_\_\_\_

**Business Title/Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Nature of business/Profession:** \_\_\_\_\_

**Marital Status (Check One):**  Single  Married  Divorced  Widow/Widower

**Information about nominee's family:** (Spouse's name, spouse's business/ profession, etc., number of children, name[s] and age[s] of children):

\_\_\_\_\_

In the last five years: Have you paid local alumni chapter dues? Yes  No

Have you paid national alumni dues? Yes  No

Have you been a working member of the National Alumni Association? Yes  No

1. What significant contribution(s) have you made in the last five (5) years to your local alumni chapter?

\_\_\_\_\_

2. What significant contribution(s) have you made in the last five (5) years to the national alumni association?

\_\_\_\_\_

3. Are you an annual financial contributor to the Alcorn State University Foundation? Yes  No

4. Please specify other financial contributions you have made to Alcorn State University, whether it be through your local chapter, individual or otherwise.

\_\_\_\_\_

5. What other organization are you affiliated with in your community?

\_\_\_\_\_

6. What national organizations/associations are you affiliated with?

\_\_\_\_\_

7. What committees do you currently serve on in your local alumni chapter?

\_\_\_\_\_

8. What committees have you served on within the last five (5) years in your local alumni chapter?

\_\_\_\_\_

9. What committee(s) do you presently serve on with the national alumni association?

\_\_\_\_\_

10. What committees have you served on within the last five (5) years in the national alumni association?

\_\_\_\_\_

11. What achievements have you attained occupationally or educationally?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**

**PROFESSIONAL ACHIEVEMENT AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

Nominee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Year(s) graduated or attended Alcorn State University: \_\_\_\_\_

Major or Majors: \_\_\_\_\_

Degree(s) Earned (Select all that apply):  Bachelor  Master  Specialist

Current Chapter & Years of Membership:

Previous Chapter & Years of Membership:

Other education: \_\_\_\_\_

Business Title/Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Nature of business/Profession: \_\_\_\_\_

Marital Status (Check One):  Single  Married  Divorced  Widow/Widower

Information about nominee's family: (Spouse's name, spouse's business/ profession, etc., number of children, name[s] and age[s] of children):  
\_\_\_\_\_

**Business/Professional Affiliations** (exclude civic organizations, public office, or other political activities)

Name of Group	Position Held	Period of Affiliation
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

1. List any awards or recognitions you have received within the last five (5) years:  
\_\_\_\_\_

2. What do you consider to be your highest career achievement to date?  
\_\_\_\_\_

3. Briefly describe your responsibilities with your employer.  
\_\_\_\_\_

4. What do you consider your most important achievements in the aforementioned groups and why?  
\_\_\_\_\_

5. Are you a member of the Alcorn State University National Alumni Association?  Yes  No

If no, have you ever contributed to the Alcorn State University Foundation?  Yes  No

6. Are you an annual financial contributor to the Alcorn State University Foundation?  Yes  No

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**

**MOST OUTSTANDING SERVICE AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

**Nominee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year(s) graduated or attended Alcorn State University:** \_\_\_\_\_

**Major or Majors:** \_\_\_\_\_

**Degree(s) Earned (Select all that apply):**  Bachelor  Master  Specialist

**Current Chapter & Years of Membership:**

**Previous Chapter & Years of Membership:**

**Other education:** \_\_\_\_\_

**Business Title/Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Nature of business/Profession:** \_\_\_\_\_

**Marital Status (Check One):**  Single  Married  Divorced  Widow/Widower

**Information about nominee's family:** (Spouse's name, spouse's business/ profession, etc., number of children, name[s] and age[s] of children):

\_\_\_\_\_

In the last five years: Have you paid local alumni chapter dues? Yes  No

Have you paid national alumni dues? Yes  No

Have you been a working member of the National Alumni Association? Yes  No

1. What significant contribution(s) have you made in the last five (5) years to your local alumni chapter?

\_\_\_\_\_

2. What significant contribution(s) have you made in the last five (5) years to the national alumni association?

\_\_\_\_\_

3. Are you an annual financial contributor to the Alcorn State University Foundation? Yes  No

4. Please specify other financial contributions you have made to Alcorn State University, whether it be through your local chapter, individual or otherwise.

\_\_\_\_\_

5. What other organization are you affiliated with in your community?

\_\_\_\_\_

6. What national organizations/associations are you affiliated with?

\_\_\_\_\_

7. What committees do you currently serve on in your local alumni chapter?

\_\_\_\_\_

8. What committees have you served on within the last five (5) years in your local alumni chapter?

\_\_\_\_\_

9. What committee(s) do you presently serve on with the national alumni association?

\_\_\_\_\_

10. What committees have you served on within the last five (5) years in the national alumni association?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**

**MERITORIOUS AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

**Nominee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year(s) graduated or attended Alcorn State University:** \_\_\_\_\_

**Major or Majors:** \_\_\_\_\_

**Degree(s) Earned (Select all that apply):**  Bachelor  Master  Specialist

**Current Chapter & Years of Membership:**

**Previous Chapter & Years of Membership:**

**Other education:** \_\_\_\_\_

**Business Title/Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Nature of business/Profession:** \_\_\_\_\_

**Marital Status (Check One):**  Single  Married  Divorced  Widow/Widower

**Information about nominee's family:** (Spouse's name, spouse's business/ profession, etc., number of children, name[s] and age[s] of children):

\_\_\_\_\_

In the last five years: Have you paid local alumni chapter dues? Yes  No

Have you paid national alumni dues? Yes  No

Have you been a working member of the National Alumni Association? Yes  No

1. What significant contribution(s) have you made in the last five (5) years to your local alumni chapter?

\_\_\_\_\_

2. What significant contribution(s) have you made in the last five (5) years to the national alumni association?

\_\_\_\_\_

3. Are you an annual financial contributor to the Alcorn State University Foundation? Yes  No

4. Please specify other financial contributions you have made to Alcorn State University, whether it be through your local chapter, individual or otherwise.

\_\_\_\_\_

5. What other organization are you affiliated with in your community?

\_\_\_\_\_

6. What national organizations/associations are you affiliated with?

\_\_\_\_\_

7. What committees do you currently serve on in your local alumni chapter?

\_\_\_\_\_

8. What committees have you served on within the last five (5) years in your local alumni chapter?

\_\_\_\_\_

9. What committee(s) do you presently serve on with the national alumni association?

\_\_\_\_\_

10. What committees have you served on within the last five (5) years in the national alumni association?

\_\_\_\_\_

11. What accomplishments have you made on the state, regional, or national level?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**  
**FAITHFUL SERVICE AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**  
(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

**Nominee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year(s) graduated or attended Alcorn State University:** \_\_\_\_\_

**Major or Majors:** \_\_\_\_\_

**Degree(s) Earned (Select all that apply):**  Bachelor  Master  Specialist

**Current Chapter & Years of Membership:**

**Previous Chapter & Years of Membership:**

**Other education:** \_\_\_\_\_

**Business Title/Address:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_

**Nature of business/Profession:** \_\_\_\_\_

**Marital Status (Check One):**  Single  Married  Divorced  Widow/Widower

**Information about nominee's family:** (Spouse's name, spouse's business/ profession, etc., number of children, name[s] and age[s] of children):  
\_\_\_\_\_

In the last five years: Have you paid local alumni chapter dues? Yes  No

Have you paid national alumni dues? Yes  No

Have you been a working member of the National Alumni Association? Yes  No

1. What significant contribution(s) have you made in the last five (5) years to your local alumni chapter?

\_\_\_\_\_

2. What significant contribution(s) have you made in the last five (5) years to the national alumni association?

\_\_\_\_\_

3. Are you an annual financial contributor to the Alcorn State University Foundation? Yes  No

4. Please specify other financial contributions you have made to Alcorn State University, whether it be through your local chapter, individual or otherwise.

\_\_\_\_\_

5. What other organization are you affiliated with in your community?

\_\_\_\_\_

6. What national organizations/associations are you affiliated with?

\_\_\_\_\_

7. What committees do you currently serve on in your local alumni chapter?

\_\_\_\_\_

8. What committees have you served on within the last five (5) years in your local alumni chapter?

\_\_\_\_\_

9. What committee(s) do you presently serve on with the national alumni association?

\_\_\_\_\_

10. What committees have you served on within the last five (5) years in the national alumni association?

\_\_\_\_\_

11. What positive contribution have you made for the betterment of the National Alumni Association and Alcorn State University?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)  
Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**  
**NEW CHAPTER OF THE YEAR AWARD**  
**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include any additional attachments.

**Chapter Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1. How long has your chapter been active with the Alcorn State University National Alumni Association? If not, why?

\_\_\_\_\_

2. Is your chapter an annual financial contributor to the Alcorn State University Foundation? If not, why?

\_\_\_\_\_

3. What fundraising efforts for the Alcorn State University Foundation has your chapter participated in?

\_\_\_\_\_

4. Please specify other financial contributions your chapter has made to Alcorn State University.

\_\_\_\_\_

5. What significant contribution(s) has your chapter made to the Alcorn State University National Alumni Association?

\_\_\_\_\_

6. What efforts has your chapter made to increase membership locally?

\_\_\_\_\_

7. What efforts has your chapter made to increase membership with the Alcorn State University National Alumni association?

\_\_\_\_\_

8. Did your chapter have representation at the last Mid-Winter Conference? Please specify.

\_\_\_\_\_

9. Why do you feel your chapter deserves this award?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**

**CHAPTER PRESIDENT OF THE YEAR AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

(Please attach a black and white photo of the nominee)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the black and white photo of the nominee).

Nominee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Year(s) graduated or attended Alcorn State University: \_\_\_\_\_

Major or Majors: \_\_\_\_\_

Degree(s) Earned (Select all that apply):  Bachelor  Master  Specialist

Current Chapter & Years of Membership:

Previous Chapter & Years of Membership:

In the last five years: Have you paid local alumni chapter dues? Yes  No

Have you paid national alumni dues? Yes  No

Have you been a working member of the National Alumni Association? Yes  No

1. What significant contribution(s) have you made in the last five (5) years to your local alumni chapter?

\_\_\_\_\_

2. What significant contribution(s) have you made in the last five (5) years to the national alumni association?

\_\_\_\_\_

3. Are you an annual financial contributor to the Alcorn State University Foundation? Yes  No

4. Please specify other financial contributions you have made to Alcorn State University, whether it be through your local chapter, individual or otherwise.

\_\_\_\_\_

5. What other organization are you affiliated with in your community?

\_\_\_\_\_

6. What national organizations/associations are you affiliated with?

\_\_\_\_\_

7. What committees do you currently serve on in your local alumni chapter?

\_\_\_\_\_

8. What committees have you served on within the last five (5) years in your local alumni chapter?

\_\_\_\_\_

9. What committee(s) do you presently serve on with the national alumni association?

\_\_\_\_\_

10. What committees have you served on within the last five (5) years in the national alumni association?

\_\_\_\_\_

11. What efforts have you made to increase membership locally and nationally?

\_\_\_\_\_

12. What fundraising efforts for the Alcorn State University Foundation have you participated in?

\_\_\_\_\_

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**

**OFFICIAL NOMINATION FORM**

**OUTSTANDING CHAPTER OF THE YEAR AWARD**

**ALCORN STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION**

(Please attach ASUNAA FORM 200)

The Awards and Recognition Committee invites nominations for all individual and chapter awards. Please use the space provided to present all information about the nominee; **do not** include attachments other than the ASUNAA Form 200).

**Chapter Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Chapter size:** Small  Medium  Large

1. Did your chapter complete and submit ASUNAA Form 200 by the deadline January 25<sup>th</sup> of last year? Yes  No

2. Did your chapter complete and submit ASUNAA Form 200 by the deadline January 25<sup>th</sup> of this year? Yes  No

**\*\*\*ASUNAA FORM 200 MUST BE ATTACHED TO THIS APPLICATION TO BE CONSIDERED FOR THE AWARD\*\*\***

**Information about person nominating and completing this form:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Chapter President Signature

\_\_\_\_\_  
Date

Submit electronically to: [lakeshabatty@aol.com](mailto:lakeshabatty@aol.com)

Nomination Deadline: **February 1<sup>st</sup>**