

Distinguished Alumnus Award

2020 NOMINATION FORM

The member shall be chosen for becoming “well known” among the Deaf community across the nation, and recognized for his/her services to the fellow deaf citizens on a voluntary basis and/or professional.

Please include your responses in these boxes.

NAME OF NOMINEE:

NOMINEE’S POSITION

Please check which position.

ADMINISTRATOR SPORTS LEADER THEATER VOLUNTEER PROFESSIONAL OTHERS _____

NOMINEE’S ACTIVITIES AND ACCOMPLISHMENTS:

Describe the nominee’s activities and accomplishments – personal, professional, or otherwise.

NOMINEE’S IMPACT ON DEAF COMMUNITY:

Describe how the nominee had been initiating or leading efforts to benefit the Deaf community.

WHY THIS NOMINEE SHOULD RECEIVE THE DISTINGUISHED ALUMNUS AWARD?

ANY OTHER INFORMATION YOU WOULD INCLUDE ABOUT YOUR NOMINEE:

YOUR NAME:

Your VP number:

Your e-mail address:

**Thank you for filling out the nomination form!
Send to Stephen Rute, 1863 Fallgate Court, Columbus, OH 43235**