# The Missouri State-West Plains Distinguished Alumni Award recognizes extraordinary achievement in personal and professional endeavors. Among the qualities considered are notable success in a profession or business, loyalty to the University and outstanding contributions to society.

The Missouri State-West Plains Distinguished Alumni Award recognizes extraordinary achievement in personal and professional endeavors. Among the qualities considered are notable success in a profession or business, loyalty to the University and outstanding contributions to society. Nominations are due on or before February 15 and may be mailed to Missouri State-West Plains, Office of University Advancement, 128 Garfield Avenue, West Plains, MO 65775; delivered to the Office of University Advancement at the Richards House, 212 Harlin Drive, West Plains; or submitted by e-mail to wpadvancement@missouristate.edu. For more information, call 417-255-7240.

|  |  |
| --- | --- |
| *Nominee’s Full Name* |  |
| *Years Attended or Graduated* |  |
| *Address* |  |
| *Telephone* |  |
| *Occupation/Organization* |  |
| *Spouse* |  |
| *Children* |  |

|  |  |
| --- | --- |
| *I.* | *Career history (attach separate sheets as necessary)* |
|  | *A.* | *Outline the career of the nominee including professional experiences and scope of responsibilities* |
|  |  |  |
|  | *B.* | *List contributions to profession (publications, programs, research, etc.)* |
|  |  |  |
|  | *C.* | *List honors, awards, testimonials, etc. to support the nominee’s special contributions in his/her field* |
|  |  |  |
| *II.* | *Community* |
|  | *A.* | *Outline community activities and any positions held in organization of involvement* |
|  |  |  |
|  | *B.* | *Mention noteworthy contributions to community* |
|  |  |  |
|  | *C.* | *List honors, awards, testimonials, etc. which support the nominee’s special contributions to the community* |
|  |  |  |
| *III.* | *Educational history and degrees earned* |
|  |  |
| *IV.* | *Summarize the reasons you believe the nominee should receive this award* |
|  |  |

*Nominator Information*

|  |  |
| --- | --- |
| *Name* |  |
| *Address* |  |
| *Phone* |  |
| *I hereby attest the information contained in this nomination form is correct according to my best knowledge and belief.* |
| *Signature* |  | *Date* |  |