

**NOMINATION FOR CO-LIN
ALUMNA/ALUMNUS OF THE YEAR**

Date Nominated: _____ (Nomination must be received by July 1)

Name: _____ **Maiden:** _____

Address: _____ **Class of:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Spouse: _____ **Maiden :** _____

Children/Ages/Residence _____

Grandchildren _____

Work Experience:	Place	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Affiliations and Honors: _____

Civic and Religious Affiliations and Honors: _____

Other: _____

Please attach a letter describing why this person should receive this honor.
Name of alumnus/alumna submitting nomination _____

Return to: _____ Maiden _____
Copiah-Lincoln Alumni Association
Attn: Julia Miller.
P. O. Box 649
Wesson, MS 39191
Julia.miller@colin.edu

Address: _____

Phone (h) _____ (w) _____