



**2018 Atlantic Cape Community College  
President's Distinguished Alumni Award**

*Nomination Form*

**Name of Nominator:** \_\_\_\_\_

**Contact information for nominator: Daytime phone:** \_\_\_\_\_

*Mobile phone number:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*Work address:* \_\_\_\_\_

**Name of Nominee:** \_\_\_\_\_

**Graduation year of nominee (if known):** \_\_\_\_\_

**Program of study for nominee (if known):** \_\_\_\_\_

**Please describe below why you feel this individual should be considered for this award:**

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- **Please take into consideration when making your nomination that the recipient of this award must be present at the May 17, 2018 Commencement Ceremonies and will be asked to commit to public appearances on behalf of Atlantic Cape along with having their image used in certain publications.**
- **Please have your nominee fill out the attached profile if possible**

