

DISTINGUISHED ACHIEVEMENT NOMINATION FORM

WESLEYAN COLLEGE ALUMNAE ASSOCIATION

This award recognizes an alumna who has achieved success in her profession. Please complete this form in detail and return it to the Alumnae Office by January 1.

Name: _____ Class: _____

Address: _____

Degrees: Wesleyan _____

Other Institutions _____

Profession: _____

Professional awards and honors received (identify fully, giving dates if possible).

Publications: _____

Contributions or services rendered to the profession. _____

Professional positions held (include elective or appointive offices and volunteer positions) within the career field/profession. _____

Memberships to community organizations and offices held. _____

Awards and honors other than professional. _____

List contributions or services rendered to the community. _____

Please attach a resume or any other information pertinent to this nomination.

Signature _____

Address _____

Wesleyan affiliation (if applicable) _____

Date _____

Mail to: Wesleyan College Alumnae Office
Alumnae Awards
4760 Forsyth Road
Macon, GA 31210-4462