

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

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

Name: _____ Age as of July 1: _____

Address: _____ Class of: _____

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

Spouse: _____ Maiden : _____

Children/Ages/Residence _____

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) _____