

# Alumni, Advisor, and Volunteer Awards

## Nomination Form

**Download and save this form before completing.**

*This form should be completed digitally, typewritten, or printed legibly in dark ink.*

**\*Nomination for the \_\_\_\_\_ year\* Date: \_\_\_\_\_**

**Award(s) Sought:**

- |   |  |
|---|--|
| <input type="checkbox"/> Alumni Chapter Officer of the Year                         | <input type="checkbox"/> Campus Advisor of the Year            |
| <input type="checkbox"/> Chapter Advisor of the Year                                | <input type="checkbox"/> Division Commander of the Year        |
| <input type="checkbox"/> Regent's Medallion of Merit                                | <input type="checkbox"/> House Corporation Officer of the Year |
| <input type="checkbox"/> Alumnus of the Biennium [given in odd-numbered years only] |  |

## Nominee Information

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

**Chapter & Initiate Number (if applicable):** \_\_\_\_\_

**College/University:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Title or Position:** \_\_\_\_\_

**Relation to Sigma Nu:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Nominee is or is not aware of this nomination** (i.e., should this nomination remain a secret unless the individual is selected for recognition?):

## Nomination Checklist

- ☐ **Completed Nomination Form** (this packet)
- ☐ **Additional Supporting Materials** (Optional: Any information the nominator believes necessary and pertinent to display the work and service of the nominee – e.g., biography / resume, images, publications, program samples, etc.) *Additional supporting materials are not required.*

**Description of additional supporting materials (if included):**

- ☐ **Recommendation Letters (2 or more are required):**

<b>Recommender #1:</b>	_____	_____
	(Name)	(Relationship)
	_____	_____
	(Email Address)	(Phone)
<b>Recommender #2:</b>	_____	_____
	(Name)	(Relationship)
	_____	_____
	(Email Address)	(Phone)
<b>Recommender #3:</b>	_____	_____
	(Name)	(Relationship)
	_____	_____
	(Email Address)	(Phone)

## Nominator Information

_____	_____
(Name)	(Relationship to Nominee)
_____	_____
(Email Address)	(Phone)

**NOTE:** Nominations must be received by the Headquarters office, with all supporting documentation, no later than **April 30**. Submissions may be made digitally (preferred) to [headquarters@sigmanu.org](mailto:headquarters@sigmanu.org), or to the address below.

Sigma Nu Awards Program  
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P.O. Box 1869  
Lexington, VA 24450