



St. Joseph's College of Nursing 2024 Alumni Awards Nomination Form

Nominee's Name: _____ Class of: _____
(Please include maiden name if applicable)

Address: _____

City/State/Zip: _____ (Email): _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Recognition *(Please check one)*:

- Excellence in Clinical Nursing
- Excellence in Community Nursing
- Service Excellence to the College of Nursing

Nominator's Name: _____ Class of: _____
(Please include maiden name if applicable)

Phone: (Home) _____ (Work) _____ (Mobile) _____

Email: _____

Please enclose the following:

1. One letter of reference supporting the nomination (does not have to be from an alum)
2. Biographical information (education, awards, accomplishments, etc.)

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Please note:

1. If nominating someone for more than one award, please submit a separate form (copy) for each
2. The letter of reference and biographical information should not exceed **ONE** type-written page
3. All nominations and applications become the property of St Joseph's College of Nursing, Alumni Board of Directors

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Please submit all materials no later than July 12, 2024, to:

St Joseph's College of Nursing, Alumni Association
Alumni Awards - c/o Phyllis Petrivelli
206 Prospect Avenue
Syracuse, New York 13203

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