Valley City State University
Alumni Association

Distinguished Alumni Award

Purpose: To recognize Valley City State University alumni/alumnae who have achieved prominence in their chosen field of endeavor. The nominee must have received national or international recognition and must have been identified as an expert in the individual’s chosen field.

Selection: Recipients of this award are chosen from nominees submitted to the VCSU Alumni Association. The selection is made by a majority vote of a quorum present at an officially convened VCSU Alumni Association Board of Directors meeting.

Board Recommendations: The Distinguished Alumni Award will be presented during Homecoming week during the Alumni Honors Breakfast.

Nomination: Nominees for the Distinguished Alumni Award must be a graduate of Valley City State University. The board by unanimous vote may make an exception providing the nominee has attended VCSU for a period of two (2) years or more. A nomination form (which includes the name and addresses of two additional references) and a resume must be submitted to the VCSU Alumni Association. Completed nominations will be kept by the Alumni Association for a period of three years, with the nominee being submitted for consideration at each regularly scheduled Distinguished Alumni Nominating Committee meeting during that three year period. At the end of three years, the nomination and resume will be returned to the person who submitted it. The nomination may be resubmitted at any time. The Distinguished Alumni Nominating Committee will do screening of nominations.

Solicitation: Annually, the Board will solicit nominees for the award. The solicitation may be through direct mailings, THE BULLETIN, or any other suitable means. The nomination may be made by anyone wishing to do so, at any time.

Committee: The Distinguished Alumni Nominating Committee shall consist of two Alumni Board members and three Association members appointed by the Alumni Board President. The committee will be chaired by an Alumni Association Board member. Each committee member shall serve a two-year term. The committee shall be responsible for the securing of nominees for consideration and review. The committee will make recommendations to the Board of Directors to consider for approval at their annual meeting.
Valley City State University
Distinguished Alumnus Award Nominating Form

PERSONAL DATA ON CANDIDATE

Name: ______________________________________________________________________
Address: ____________________________________________________________________
City: _____________________________________ State: _________Zip: ________________
Class of__________ at Valley City State University or Years Attended VCSU _________
Name of Spouse: ______________________________
Name and Ages of Children: ______________________________

CRITERIA AND SUPPORTING EVIDENCE

Detailed evidence and examples of activities and offices or positions held must be provided below under each of the categories. If additional space is needed, please attach sheets, numbering items to correspond with the category number.

I. VOCATION AND EDUCATION
   
   A. Positions held since leaving Valley City State University:

   B. Present Position:

   C. Specific Achievements: (Advance Degrees, Professional Contributions)

   D. Recognition Received: (Honors, Awards, Etc.)

   E. Personal Comment:

II. COMMUNITY INVOLVEMENT: (Local, State, National)

   A. Participation and Service:

   B. Offices Held (Leadership Positions):

   C. Recognition Received:
II. Additional Activities or Evidence Supporting this Candidate:

Submitted by:______________________________________________________________
Address:______________________________________________________________
City:_________________________ State: ___________ Zip: _________________
Telephone Number:_________________________ Date: ________________________

Please furnish the names and addresses of two individuals who may be contacted as additional references for this candidate: (The individuals may be professional associates or personal acquaintances).

Name:______________________________________________________________
Address:______________________________________________________________
City:_________________________ State: ___________ Zip: _________________
Telephone Number:_________________________ Date: ________________________

Name:______________________________________________________________
Address:______________________________________________________________
City:_________________________ State: ___________ Zip: _________________
Telephone Number:_________________________ Date: ________________________

Please return completed form to:
Alumni Association Awards
VCSU Alumni Association
101 College Street SW
Valley City, ND 58072