

# Distinguished WCCC Alumni Award Nomination Form

*The purpose of the Warren County Career Center Distinguished Alumni Award is to recognize alumni who have made significant contributions to WCCC or who have excelled in their business or community sectors.*

## **NOMINEE CRITERIA**

**To be eligible for receiving the award, nominees must:**

- Have graduated at least 10 years ago
- Have completed a WCCC full-time career program as an adult, high school or satellite student

## **NOMINATION TIMEFRAME**

- **Nominations must be received by September 15 of the current year.**
- Once an individual is nominated, he/she will remain under consideration for one additional year.

## **HOW TO SUBMIT NOMINATIONS**

- **Please mail, fax or email this completed form and supporting documentation (*labeled with nominee's name*)**

*Mail: Warren County Career Center  
3525 N. St. Rt. 48  
Lebanon, OH 45036  
Attn: Peg Allen*

*Fax: 513-932-3810*

*Email: [peg.allen@mywccc.org](mailto:peg.allen@mywccc.org)*

***For more information about the award or nomination process, please call  
Peg Allen at (513) 932-5677 ext. 5204 or email [peg.allen@mywccc.org](mailto:peg.allen@mywccc.org).***

## **INFORMATION ABOUT THE NOMINEE**

Is Nominee \_\_\_\_\_ Living \_\_\_\_\_ Deceased

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Program Attended at WCCC \_\_\_\_\_  
Campus//Satellite Attended \_\_\_\_\_  
Instructor(s) at WCCC \_\_\_\_\_  
High School Graduated From \_\_\_\_\_  
Year of Graduation \_\_\_\_\_

**PRESENT EMPLOYMENT**

Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
Company Phone \_\_\_\_\_  
Position/Title \_\_\_\_\_

Does nominee own the company?  Yes  No

If yes, how long has nominee owned the company? \_\_\_\_\_

If yes, does the nominee employ other WCCC alumni/current students? \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Nominee (family, former instructor, employer, etc.) \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING INFORMATION ABOUT THE NOMINEE:**

- Professional/personal accomplishments
- Community activities/service
- Letters of support (minimum one letter)
- Please attach a detailed explanation as to why you are nominating this person for the Distinguished Alumni Award

\_\_\_\_\_  
Nominee's Name