

Mount Olive College Alumni Award Nomination Form

AWARD: _____ Distinguished Service _____ Hall of Fame _____ Business Associate

Nominee Name _____ Address _____

Years at MOC _____ City/State _____

Program/Campus/Cohort Attended _____

Family Information _____

Other Educational Information _____

Employment Information _____

Professional Activities _____

Honors/Awards _____

Civic Responsibility and Character _____

Contribution to Mount Olive College (non-monetary) _____

Why should this Alum be recognized? What makes this person so special? _____

Your Name: _____ Your Phone # _____

Additional sheets may be added.

Please Return by August 1 to:

Dianne B. Riley '67

Director of Alumni Relations, Mount Olive College

634 Henderson Street, Mount Olive, NC 28365

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