

# Alumnus of Distinction Award Nomination Form

Name of Graduate: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Write in detail and/or attach the specific reasons this person should receive this award:  
(The more information we have allows the committee to make an informed decision.)

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Date of Nomination: \_\_\_\_\_

Name of person submitting this nomination: \_\_\_\_\_

Phone # where we can reach you if we have questions: \_\_\_\_\_

**Return to:**

**Distinguished Alumnus Award Committee  
Western Dubuque High School  
PO Box 379  
Epworth, IA 52045**