

Alumni Award Application

Award you wish to be considered for:
(Check One)

- Alumni Achievement Award**
 C. Wayne Williams Award
 Carrie B. Lenburg Award

Name _____

Address _____
Street City State Zip

_____ _____
Telephone No Email Address

Current Occupation _____
Title Company Name

Address _____
Street City State Zip

Previous Occupation _____
Title Company Name

Degrees Earned

1. _____
Degree Earned from Excelsior Concentration/Major Year

2. _____
Second Degree Earned from Excelsior Concentration/Major Year

3. _____
Highest Degree Achieved Institution Concentration/Major Year

List Any Additional Degrees Earned Here

4. _____
Degree Institution Year

Degree Institution Year

Degree Institution Year

Specific Areas of Expertise

Awards/Recognition

Award	Institution/Organization	Recognized For	Year
Award	Institution/Organization	Recognized For	Year
Award	Institution/Organization	Recognized For	Year

Books, Reports, Articles of Note Authored

Publication	Role	Publisher	Year Published
Publication	Role	Publisher	Year Published
Publication	Role	Publisher	Year Published

Professional Affiliations

Name Of Organization	Leadership Position(s)	Dates of Membership
Name Of Organization	Leadership Position(s)	Dates of Membership
Name Of Organization	Leadership Position(s)	Dates of Membership

Community Organizations

Name Of Organization	Leadership Position(s)	Dates of Membership
Name Of Organization	Leadership Position(s)	Dates of Membership
Name Of Organization	Leadership Position(s)	Dates of Membership

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Trade or Industry Organizations

_____ Name Of Organization	_____ Name Of Paper/Publication	_____ Address/City
_____ Name Of Organization	_____ Name Of Paper/Publication	_____ Address/City
_____ Name Of Organization	_____ Name Of Paper/Publication	_____ Address/City

Consent and Acknowledgement

Excelsior College requests consent to conduct a background investigation on applicants at any time. Should you refuse to give consent, you will be unable to be considered for an alumni award.

Do we have your permission to conduct a background investigation on you?

Yes No If no, why not?

Have you ever been convicted of a felony?

Yes No

Signature

Date

References *(List Three)*

Name _____ Reference 1	_____ Telephone No	_____ Email Address
Address _____ Street	_____ City	_____ State Zip
Name _____ Reference 2	_____ Telephone No	_____ Email Address
Address _____ Street	_____ City	_____ State Zip
Name _____ Reference 3	_____ Telephone No	_____ Email Address
Address _____ Street	_____ City	_____ State Zip

Personal Information You Would Like Us to Share with the Awards Committee