ST. MARY’S COLLEGE OF MARYLAND
SOCIETY OF DISTINGUISHED ALUMNI

NOMINATION
FORM

Please submit this form along with a letter of nomination (not to exceed two pages) and supporting documentation by **March 15**.

Nominee’s Name: __________________________________________

First               M.I               Last

Class Year: ________

Address: __________________________________________________

City:_________________________  State:_________________  Zip:______________

Email: __________________________

Phone (H):____________________  (C):____________________

Submitted by:____________________  Date submitted:____________________

Class Year (if applicable): __________

Address: ________________________________________________

City:_________________________  State:______________  Zip:______________

Email: __________________________

Phone (H):____________________  (C):____________________

Updated: 1/27/2015