Young Alumnus Award
Nomination Form

Nominee’s General Information
First Name:
Last Name:
Mailing Address:

Graduation Year:
Daytime Phone:
Email Address:

Reason for Nomination (please fill in at least one): Describe actions by the nominee that reflect the College’s mission of ‘fostering a personal commitment to service’ by making a significant, positive impact on global and/or local community:

1. Describe how the nominee has provided exceptional leadership in patient care, research, or teaching in the field of Optometry:

2. Describe specific examples of how the nominee has actively supported the College and its mission through volunteerism, financial giving, and/or enhancement of the College’s image.

Supporting Materials
Nomination letter (required)
Other supporting documentation (examples): CV, letters of support, news articles, etc. (strongly recommended)

Nominator’s General Information
Name:
Address:
Daytime Phone:
Preferred Email address:

Completed applications must be received by June 30, 2015.

Mail to:
Southern College of Optometry
Office of Institutional Advancement
ATTN: YAA
1245 Madison Avenue
Memphis, TN 38104

Or email forms to alumni@sco.edu; fax (901) 722-3379.

For questions regarding nominations, please call (901) 722-3216.