



## The Walsh University Alumni Association Professional Achievement Award – Nomination Form

### Criteria for Selection

**Professional Achievement Award winners must meet all of the following criteria**

- ✓ Walsh Alumna/us
- ✓ Significant Achievement in a Profession or Career Achievement

This form is to be completed by the **nominator**. The Outstanding Achievement Award Selection Committee will request additional information from the **nominee**.

Name _____	Walsh Graduation Year _____
Address _____	
City _____	State _____ Zip _____
Home Phone _____	Work Phone _____
Email _____	
Employer _____	Title / Position _____

Considering the criteria above, justify your nomination for the  
Walsh University Professional Achievement Award.  
*Please submit your responses on a separate paper.*

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

For additional information about the **NOMINEE** contact: \_\_\_\_\_

Return this form to:  
Walsh University Alumni Office  
2020 East Maple Street  
North Canton, Ohio 44720

Phone: 330.244.4943

Email: [skoontz@walsh.edu](mailto:skoontz@walsh.edu)

**Nominations due: July 19, 2024**