



NOMINATION FORM FOR AQUINAS COLLEGE HALL OF FAME

NOMINEE NAME _____ Address _____

(If deceased, name of person to contact)

City, State, Zip _____ Phone _____ E-mail _____

NOMINEE'S COLLEGE CONNECTION (Check all that apply):

Alumnus/a: ___; Class year ____; Faculty ___; Staff ___; Trustee ___; Benefactor ___

Other (please specify) _____

ALUMNUS/A NOMINEE

Activities at Aquinas _____

Noteworthy achievements and/or services since leaving Aquinas _____

FACULTY MEMBER

Academic department and years at Aquinas _____

Characteristics as a teacher _____

Influence on students _____

Contributions to college and community (local, state, national) _____

ADMINISTRATOR, STAFF MEMBER, BENEFACTOR

Association to Aquinas: _____

Contributions to college and community: _____

YOUR NAME _____ Address _____

Phone _____ Email: _____

Send form to:
Aquinas College Historical Commission
c/o Advancement Department
Aquinas College
1607 Robinson Road SE
Grand Rapids, MI 49506