

# JEFFERSON CITY PUBLIC SCHOOLS ALUMNI ASSOCIATION

## Distinguished Alumni of the Year Nomination Form

Please complete the following information for your nominee. Mail the completed form to:  
JCPS Alumni Association, PO Box 105854, Attn: Sallie Jacobs, Jefferson City, MO 65110.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

\_\_\_\_\_  
City State Zip TELEPHONE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ CHILDREN: \_\_\_\_\_

YEAR GRADUATED FROM JC: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATIONAL HISTORY:

\_\_\_\_\_  
Elementary Secondary  
College Graduate Work

PROFESSIONAL MEMBERSHIPS: \_\_\_\_\_

\_\_\_\_\_

CIVIC MEMBERSHIPS: \_\_\_\_\_

\_\_\_\_\_

AWARDS: \_\_\_\_\_

COMMUNITY AND CHIRCH INVOLVEMENT: \_\_\_\_\_

\_\_\_\_\_

REASONS NOMINATOR THINKS NOMINEE IS WORTHY OF AWARD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOMINATED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_