



**CUPHSONAA, INC.**  
 THE COLUMBIA UNIVERSITY-PRESBYTERIAN HOSPITAL  
 SCHOOL OF NURSING ALUMNI ASSOCIATION, INC.  
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 HARRISON, NY 10528  
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**NOMINATION FORM FOR DISTINGUISHED ALUMNI AWARD**

To nominate a candidate for the award, please complete this nomination form which should include a detailed description of your nominee's accomplishments and the required documents to the Association's office at the above address. The nomination should include your candidate's resume and three letters of support. All documents should highlight and help explain how your candidate meets the general and specific award criteria. The information submitted will be the basis for award selection. If you use additional pages, please put the name of the nominee in the upper right corner of each page.

<b>NOMINEE:</b>			
Class(es):			
Address:			
Telephone(s):	(H)	(C)	(W)
E-Mail:			

Nominated for: (Please indicate the category of award for which you are nominating):

**PERSON SUBMITTING THE NOMINATION:**

Name:			
Class(es) Of:			
Address:			
Telephone(s):	(H)	(C)	(W)
E-Mail:			

You may fax or mail this nomination. Thank you.

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