

Alumnae Award of Distinction

About the Award:

This prestigious award is presented to a Mount alumna/us to recognize distinguished professional achievement, outstanding contribution to the community at large, or a particular field of endeavour. Recipients are invited to attend the Annual Dinner for Mount Alumnae & Friends. The Mount Saint Vincent Alumnae Association will honour the alumna/us by making a \$500 donation to the Mount scholarship, bursary or award selected by the recipient.

Eligibility:

Open to all alumnae from Mount Saint Vincent Academy, College or University. Exceptions: Honorary Degree recipients, Honorary Members and current students. Nominees cannot currently serve as an elected politician at any level of municipal, provincial, or federal government. Award will not be presented posthumously.

Nomination Process:

Complete a nomination form for your nominee. Include a supporting statement outlining why this nominee should be considered for the Alumnae Award of Distinction.

The supporting statement, not longer than two single-spaced pages, should include the following information: reasons for nominating the candidate for this honour; a description of the candidate's accomplishments, successes and contributions; any other information that might assist the selection committee in identifying the most suitable person for the award. Also include a recent resume or CV for the nominee.

The committee requires a minimum of 3 nominations. In the event of fewer nominations, the deadline will be extended. The committee reserves the right to not bestow the award.

Nomination Deadline:

Nominations must be submitted by **January 7, 2011**.

Nominations are to be addressed to:

Chair, Award Selection Committee
Mount Saint Vincent Alumnae Association
c/o Alumnae Relations, University Advancement
Advancement House
Mount Saint Vincent University
Halifax NS B3M 2J6
Fax: 902.445.3962

Note: all nominations will be kept confidential.



Alumnae Award of Distinction Nomination Form

Nominee

Name: _____

Grad Year and degree program: _____

Email: _____

Address: _____

Tel _____ Cell: _____

NOTE: Please attach supporting statement (no more than 2 pages) and the nominee's resume/cv.

Nominator

Name: _____ Grad Year and Program: _____

Telephone: _____ Cell: _____

Email: _____

Signature: _____

Nominee's Consent

I hereby agree to let my name stand for the Alumnae Award of Distinction.

Nominee's Name : (please print) _____

Signature: _____

Date: _____