

Posthumous Alumni Award Nomination Form

| Full Name of Radford University Alumnus Candida | te (include maiden name): |
|--|--|
| Year of Graduation: | Major/Minor: |
| Professional Position/Field of Endeavor: | |
| Formerly Employed By: | |
| Length of Time Employed in that Profession: | |
| <u>PLEASE ATTACH a Letter of Nomination</u> describing fulfill the criteria identified in the award annound documentation. | |
| Provide the Names of Up to Three (3) Individuals (we the qualifications of the Candidate: | vith contact information) who can verify |
| (1) (2) (3) | |
| Name of nominating RU Alumnus or Nominating In | ndividual: |
| Year of Graduation: Major/Minor: | |
| Name of Next of Kin: | |
| Address: | |
| Telephone Number: | |
| Email Address: | |
| Email the completed form with supporting documentation Ms. Kerie Benson at: ksmith235@radford.edu | |

BY CLOSE OF BUSINESS TUESDAY, FEBRUARY 15, 2022.