

University of Colorado at Denver & Health Sciences Center

School of Nursing Alumni Association

CRITERIA FOR AWARDS

DISTINGUISHED ALUMNA AWARD

1. Nominated by the Dean's Office, alumnae/i members and/or faculty, or current nursing student.
2. Presented annually at the Reunion in the form of a plaque or icon.
3. Criteria to be met by nominee:
 - A. Has made significant contributions to nursing on a local, national or international level (these contributions may be academic or clinical in nature).
 - B. Has a record of membership in the Association.
 - C. Has made a significant contribution to the School, either financially or in time and effort for the benefit of the School.
 - D. Has not been previously honored by the Alumni Association or the School of Nursing.
 - E. (Hopefully) would attend the reunion and make a 10-15 minute response to the award detailing his/her academic/clinical expertise.

HONORARY ALUMNA AWARD

1. Nominated by the Dean's Office, alumnae/i members and/or faculty or current nursing student.
2. Presented annually at the Reunion in the form of a plaque or icon.
3. Criteria to be met by nominee:
 - A. Graduate of a recognized program in Nursing.
 - B. Has made a significant contribution to the School, either financially or in time and effort for the benefit of the School.
 - C. Recognized in the community for his/her philanthropic efforts toward the betterment of quality of life issues and patient care (preferably nursing per se.)
 - D. Has not been previously honored by the Alumni Association or the School of Nursing.

Nomination forms will be sent to all alumnae/i with the invitation to the Spring reunion each year.

Nominations must be submitted to the Awards Committee, School of Nursing Alumni Association not later than close of business, January 31, 2006, in order to be considered. A cover letter should state specific details for the nomination and be signed by the nominating principal.

Nominations not selected for awards will be held for a period of three years by the Award Committee, and will be eligible for reconsideration yearly on request of the nominating principal.

MAIL YOUR NOMINATION FORM TO:

Awards Committee, School of Nursing Alumni Association, Office of Alumni Relations, 4200 E. Ninth Ave., A-080, Denver CO 80262 or fax to 303-315-7729. If you would like to e-mail your nomination(s), send them with "Distinguished Alumnus/a" or "Honorary Alumnus/a" as the subject to alumni@uchsc.edu. Please attach all necessary supporting documents. Questions? Please call the Office of Alumni Relations at 303-315-8832, toll free 877-HSC-ALUM (472-2586).

School of Nursing Alumni Association

AWARDS NOMINATION FORM

Nomination for: _____ Distinguished Alumna/us Award
_____ Honorary Alumna/us Award

Date submitted: _____

Name of Nominee: _____

Class Year and Program: _____

Position/Title: _____

Home Address: _____

Business Address: _____

E-mail Address: _____

Home Phone: _____ Business Phone: _____

On a separate page, briefly describe why you believe your nominee(s) should be recognized as a Distinguished or Honorary Alumnus/a. Please enclose a current resume, brief biography, and/or any other materials that will support your nomination.

ABOUT THE NOMINATOR

Name: _____

Degree: _____ Class Year: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Position/Title: _____

INTERNAL USE ONLY:

Reviewed: _____ Date: _____

Dean, SON: _____ Date: _____

Awards Committee _____

Outcome: _____