

**NORTHERN OKLAHOMA COLLEGE
DISTINGUISHED ALUMNI AWARD**

NOMINEE

Name of Nominee: _____

Address: _____

Daytime Phone: _____ *Class Year:* _____

Degree: _____

If Nominee is deceased, please provide contact information for him/her:

Reason for Nomination: _____

NOMINATED BY

Name of Nominator: _____

Address: _____

Daytime Phone: _____

**PLEASE SUBMIT NOMINATION FORM TO:
Kirby Tickel, Director of Alumni Relations
Northern Oklahoma College
PO Box 310
Tonkawa, OK 74653**