



**York Technical College Alumni Connection**

**A Programmatic Entity of the York Technical College Foundation**

**Alumni Representative Nomination Form**

Complete this form to submit a nomination for an alumnus/a to serve as an Alumni Representative in the Alumni Connection Advisory Group.

**Candidate Information:**

Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Program(s) of Study: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Please list the nominee's qualifications for leadership (i.e. activities within his/her community, business, and with the College) and how the nominee will work to advance the mission of the Alumni Connection and York Technical College.

Nomination Submitted By:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Nominee:

Instructor      Colleague      Classmate      Self      Spouse      Other: \_\_\_\_\_