ALDERSON BROADDUS UNIVERSITY ALUMNI AWARDS NOMINATION FORM

Nominee Name_________________________________________ Class Year_______

Address______________________________________________________________

City_____________________________________ State________ Zip____________________

Phone______________________________________

Nominating for ( ) Distinguished Alumni Award   ( ) Alumni Achievement Award
  ( ) Outstanding Young Alumni Award ( ) Outstanding Ally Award

Personal Background:__________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Education:_______________________________________________________________

___________________________________________________________________________

Development of Career:_____________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Contribution to University:__________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Nominator’s Name and Class Year:____________________________________________

Address_______________________________________________________________

City________________________ State________ Zip____________________

Phone_____________________

Relationship to Nominee__________________________________________________

Date_______________________
ALDERSON BROADDUS UNIVERSITY ALUMNI AWARDS NOMINATION FORM

HU C. and AVANELLE MYERS AWARD NOMINATION

Nominee _____________________________________________________________

Degree received from AB: _____ Undergraduate (BS or MPAS) _____ Master’s of Science

Address __________________________________________________________________________________________________________

City ________________________________ State ___________________ Zip ______________

Phone Number(s) ____________________     ______________________ E-Mail ________________

(Daytime)                                                 (Evening)

Length of Professional Service ________________________________
Professional Service ________________________________________________
____________________________________________________________________

Current Employer ______________________________________________________

Employment History _______________________________________________________

__________________________________________________________________________

______________________________________________________________________________

Spouse Name __________________________________________   AB Graduation Year ________

Name and Ages of Childress (applicable) __________________________________________

______________________________________________________________________________

In 250 words or less nominator should explain why he/she feels this person should received the Hu C. and Avanelle Myers Award. Consider such information as human services activities, community services, professional affiliations, and involvement, etc. This information needs to include relevant information to the committee to facilitate selection of the award recipient.
(Please submit a typed explanation and attach to this form)

Name of Person Submitting Nomination __________________________________________

AB Graduation Year (if applicable) ________ Relationship to Nominee ____________________

Address _________________________________________________________________

City __________________________________ State _________________ Zip ________________

Phone Number ___________________  ___________________ E-Mail ____________________

Daytime                                      Evening

Please send nominations to: Office of Alumni Relations, Alderson Broaddus University, Box 2154 Philippi, WV 2641, E-Mail at alumni@ab.edu, OR Fax to (304) 457-6239, Attn: Josh Allen.
Alumni Award Descriptions

**Distinguished Alumni Award:** shall be presented to members of the Association on the basis of outstanding services to the University.

**Alumni Achievement Award:** shall be presented to members of the Association on the basis of the outstanding contribution in their chosen field of endeavor.

**Outstanding Young Alumni Award:** shall be presented to members of the Association on the basis of outstanding contribution in their chosen field of endeavor and/or outstanding service to the University in the first ten calendar years after their graduation.

**Outstanding Ally Award:** recognizes any non-alumnus who demonstrates their dedication and passion for the University through extraordinary actions or commitments such as student recruitment, student development, public support, fundraising, philanthropy or other actions that assist to fulfill the mission of the institution.

**Hu C. and Avanelle Myers Award**

A. **Purpose**
The purpose of this award is to recognize achievement and leadership in the physician assistant profession by an Alderson Broaddus University graduate. The award may be presented at an event during the University’s Homecoming festivities or at another suitable occasion.

B. **Qualifications**
The nominee must be a graduate of the Alderson Broaddus Physician Assistant Program, either undergraduate, graduate or masters. Previous nominees will remain eligible each year.

C. **Selection Criteria**
1. Number of years of service to the profession
2. Number of years of service with a professional state or national organization as an elected officer, board member, and/or committee chair.
3. Community service involvement
4. Outstanding deeds or acts

D. **Selection Committee**
The committee will consist of the Director of the Assistant Program, Director of Alumni Relations, a tenured representative of the Physician Assistant Faculty, and a staff person from the Physician Assistant Department. Final approval will be obtained from the Advancement Committee of the Board of Trustees of Alderson Broaddus University.

E. **Eligibility to Nominate Award Recipients**
Those eligible to nominate a person to receive this award shall include any graduate of the Physician Assistant Program at Alderson Broaddus, any member of the selection committee, faculty and staff of Alderson Broaddus University, and/or colleagues/patients in a medical setting.