

**B.C.I. & V.S. ALUMNI FOUNDATION  
DISTINGUISHED ALUMNI RECOGNITION PROGRAM  
NOMINATION FORM**

*(Information confidential)*

Please indicate in which category and achievement area(s) you are nominating the candidate.

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Art/Architecture   | <input type="checkbox"/> Judiciary             | <input type="checkbox"/> Music       |
| <input type="checkbox"/> National      | <input type="checkbox"/> Business           | <input type="checkbox"/> Labour                | <input type="checkbox"/> Public Life |
| <input type="checkbox"/> Provincial    | <input type="checkbox"/> Dance/Choreography | <input type="checkbox"/> Literature/Journalism | <input type="checkbox"/> Religion    |
|  | <input type="checkbox"/> Education          | <input type="checkbox"/> Medicine              | <input type="checkbox"/> Science     |
|  | <input type="checkbox"/> Entertainment      | <input type="checkbox"/> Military              | <input type="checkbox"/> Sports      |

Candidate: (Mr./Mrs./Ms./Miss) Full Name: _____ Address: _____ Telephone: ( ) _____ Fax: ( ) _____ Business Address: _____ Telephone: ( ) _____ Fax: ( ) _____ E-mail: _____ Profession/Occupation: _____ Birth Date: _____ Place: _____ Death Date: (if applicable) _____ Years Attending BCI & VS: _____ Total Years: _____ High School Graduation Diploma(s): _____ University Degree(s): _____ Special Certificates Held or Courses Completed: _____	Nominator (Mr./Mrs./Ms./Miss) Full Name: _____ Address: _____ Telephone: ( ) _____ Fax: ( ) _____ Business Address: _____ Telephone: ( ) _____ Fax: ( ) _____ E-mail: _____ Signature: _____ Date: _____
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**IMPORTANT:** In order for the nomination to be considered, please provide the following information on the back of this form or as an attachment.

- The reasons why you are nominating the individual.
- An up-to-date biographical sketch of a resume of the nominee including:
  - Professional activities/occupations with responsibilities/time frames
  - Dates of specific deeds, or achievements, especially as related to this nomination
  - Dates of active participation in organizations
  - All other honours/awards
- Any other information that might assist the nominating committee that recommends recipients to the Alumni Foundation

**References: Persons who might support this nomination.**

Persons who might support this nomination should be familiar with the nominee's achievements, i.e. officials of organizations in which the nominee is or has been as an active member. To maintain confidentiality, it is preferable that these persons not be contacted by the nominator.

1. Mr./Mrs./Ms./Miss Name: _____ Address: _____ Telephone ( ) _____ E-mail: _____	2. Mr./Mrs./Ms./Miss Name: _____ Address: _____ Telephone ( ) _____ E-Mail: _____	3. Mr./Mrs./Ms./Miss Name: _____ Address: _____ Telephone ( ) _____ E-Mail: _____
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**Use back if necessary.**