



## University of Michigan | Medical Center Alumni Society – 2012 Application Form MCAS Distinguished Alumni Award

### Nominee Information

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Medical School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Residency Program Attended: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Specialty: \_\_\_\_\_

### Nominator Information

#### Nominator 1:

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Nominator 2:

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Submission Instructions

Nomination submissions must include:

Application Form     Curriculum Vitae     Two Letters of Recommendation

(1st) Nominator: \_\_\_\_\_

(2nd) Nominator: \_\_\_\_\_

**Please submit the nomination in its entirety no later than July 15, 2012 to:**

Trish Roma  
Alumni Relations Coordinator  
Office of Medical Development & Alumni Relations  
1000 Oakbrook Drive – Suite 100  
Ann Arbor, Michigan 48104

***Please note: The MCAS Awards Dinner will be held in the spring of 2013***

**Questions: Please contact Trish Roma at 734.763-5103 or trishro@umich.edu.**