Albert Fitch Memorial Alumnus of the Year Award

This award is presented to an alumnus of Pennsylvania College of Optometry who has distinguished himself/herself through extraordinary service and contributions to the profession of optometry, bringing honor and prestige to the Pennsylvania College of Optometry and Salus University.

Criteria

To be considered for the Albert Fitch Memorial Alumnus of the Year award, the following criteria will be considered:

- Nominee must be a graduate of the Pennsylvania College of Optometry
- Nominee has made constructive contributions to society and the profession that display leadership, responsibility and expertise in the field of optometry
- Nominee has a record of community involvement
- Nominee is a person who brings inspiration to the faculty, staff, students, alumni and friends of the Pennsylvania College of Optometry and Salus University
- Nominee has demonstrated continuing interest in and support of Salus University through contributions of time, talent and/or resources

Please complete this form providing as much of the requested information as possible.

Fax/email/mail to:

Salus University
Office of Institutional Advancement
8360 Old York Road
Elkins Park, PA 19027

Email: jlemisch@salus.edu
Phone: 215.780.1391
Fax: 215.780.1396
Albert Fitch Memorial Alumnus of the Year Nomination Form

Nominee Information (Please attach any additional comments)

Name: ______________________________________________________________________________

Address: ____________________________________________________________________________

City: ___________________________ State: ___________________ Zip: ________________________

Email address: _____________________________________ Daytime Phone: ____________________

Employer: _________________________________________ Title: _______________________

Additional Comments: __________________________________________________________________

Reason for Nomination* (additional comments may be attached)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Nominator Information (Provide us with your information)

Name: ______________________________________________________________________________

Address: ____________________________________________________________________________

City: ___________________________ State: ___________________ Zip: ________________________

Email address: _____________________________________ Daytime Phone: ____________________

* Please submit a curriculum vitae for your nominee whenever possible.

Return completed form to:
Jamie Lemisch, Alumni Office
Salus University
8360 Old York Road
Elkins Park, PA 19027

Fax: 215.780.1396 • Phone: 215.780.1391 • Email: jlemisch@salus.edu