Blindness and Low Vision Studies Alumnus of the Year

This award is presented to an alumnus of the Department of Blindness and Low Vision Studies at Salus University who has distinguished himself/herself through extraordinary service and contributions to the field of Blindness and Low Vision Education and Rehabilitation, bringing honor and prestige to Salus University.

Criteria

To be considered for the Blindness and Low Vision Studies Alumnus of the Year award, the following criteria will be considered:

- Nominee must be a graduate of the Department of Blindness and Low Vision Studies at Salus University
- Nominee has made constructive contributions to society and the profession that display leadership, responsibility and expertise in the field of Blindness and Low Vision Education & Rehabilitation
- Nominee has a record of community involvement
- Nominee is a person who brings inspiration to the faculty, staff, students, alumni and friends of 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
Blindness and Low Vision Studies 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