



## 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](mailto: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](mailto:jlemisch@salus.edu)