

Central Carolina Technical College Outstanding Alumni Award Nomination

The Outstanding Alumni Award was established by the Central Carolina Technical College Alumni Partnership to recognize and honor an alumna or alumnus of CCTC or its predecessor institutions (Sumter Area Technical Education Center, Sumter Area Technical College) who has achieved significant success and recognition for accomplishments. To be considered for the award, a nominee should meet the following criteria:

- 1. Earned a degree, diploma or certificate from the college.
- 2. Earned the respect and trust of colleagues in the nominee's chosen career field.
- 3. Achieved success in career field and/or made contributions for the betterment of fellow human beings.
- 4. Served as a role model for others.
- 5. Remained committed to the CCTC mission and the college values of excellence, integrity and innovation.

Nominations must be received by April 1 of each year with awards announced at Spring Graduation. An individual may make more than one nomination.

Please complete the following form and submit it to this address:

Alumni Partnership
CCTC
506 North Guignard Drive
Sumter SC 29150

or email to alumni@cctech.edu

If you have any questions, please contact the CCTC Alumni Partnership at 803-774-6707 or alumni@cctech.edu

Nomination Form

(Please type or print with as much information as you can provide.)

Nominee's Name		
(Include maiden name, if applicable and if this is know	vn.)	
Year of Graduation from CCTC:	Program:	
Address:		City:
State:	Zip:	
Home Phone:	Business Phone:	
o mail:		

Central Carolina Technical College Outstanding Alumni Award Nomination

Other Education: (Add any other education, including undergraduate and graduate degrees.)	
 '	
Current Profession/Vocation:	
Employer:	
Name of Supervisor:	-
Employer Address:	
Awards/Honors/Achievements:	-
	-
	-
Community Service:	
	-

Please use the space below for any additional information or attach a separate sheet.

Central Carolina Technical College Outstanding Alumni Award Nomination

Your Information (Required)			
Name:		Date:	
Address:			
City:	State:	Zip:	
Phone:	e-mail:		
Relationship to nominee:			
Your Signature:			

The information on this sheet will be considered confidential.

Thank you for your nomination.