



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 March 15th 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 fax the nomination to 803.778.7889 or email to alumni@cctech.edu

If you have any questions, please contact the CCTC Alumni Partnership at 803.778.6671 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 known.)

Year of Graduation from CCTC: _____ Program: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

e-mail: _____

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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.

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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.