

MCCC COLLEGE SUPPORTER OF THE YEAR

NOMINATION FORM

NAME OF INDIVIDUAL \_\_\_\_\_

BUSINESS/LABOR AFFILIATION \_\_\_\_\_

PERSON MAKING RECOMMENDATION \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

REASONS FOR NOMINATION \_\_\_\_\_

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Signature Date

**Nominations due to President's Office by March 15.**

Selections will be made by a sub-committee of the Board of Trustees.