The MICDS Distinguished Alumni Award
Nomination Form
(The next Distinguished Alumni Award will be awarded during the ’23-’24 school year.)

Nominee Name: ________________________________________________________________

Class Year: ______________________________________ MI  CDS  MICDS (Please circle one)

Current Occupation/Title: __________________________________________________________

Main Criteria:
Record of extraordinary service and achievement to a particular business endeavor, organization or cause that has brought distinction to MICDS, either directly or indirectly.

Other Factors for Consideration:

Commitment to MICDS:

Please note: The attachment of relevant support documents (i.e. letters of recommendation, press clippings, etc.) is encouraged.

Nominator’s Name: ______________________________________________________________

Nominator’s Contact Information:
Phone number: ________________________________________________________________

Email Address: ________________________________________________________________

Address: ______________________________________________________________________

Nomination Date: ________________________________________________________________