



Allen College - UnityPoint Health®

# ALUMNI ASSOCIATION

## Hall of Fame Nomination Application

Name in full of person being nominated: \_\_\_\_\_

Nominee Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Nominee Phone: \_\_\_\_\_ Nominee Email: \_\_\_\_\_

### CONTRIBUTIONS TO INSTITUTION

Please state how, through his/her action, this person has brought honor to our school. Please state how they have contributed to and supported nursing/health care education:

### ACHEIVEMENTS

Please list their achievements in nursing or volunteer work, their professional and vocational achievements:

### CONTRIBUTIONS

How has this person contributed to: education, his/her local community, church?

**ALUMNI STATUS:**

Please state the year of graduation from the Allen School of Nursing or Allen College or how this person has contributed significantly to the success of Allen College programs:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Nominations may be mailed or email to:

Tammy Bedard  
Annual Gifts Coordinator  
Allen Foundation/Allen College  
1825 Logan Ave  
Waterloo, IA 50703

[Tamara.Bedard@unitypoint.org](mailto:Tamara.Bedard@unitypoint.org)