

**Mayo Clinic School of Health Sciences Alumni Association
Champion of Allied Health Nomination Form**

Please print or type and return this form along with supporting materials to the address below by January 31 of the award year.

Nominator Information

Name _____

Title _____

Address _____

Phone number _____ Fax number _____

Email address _____

Nominee Information (if different)

Name _____

Title _____

Address _____

Phone number _____ Fax number _____

Email address _____

Each nomination packet must include:

- Completed Nomination Form
- Letter of nomination (Nominations can focus on one or more areas of accomplishment – include specific examples)
- Copy of CV

Send nomination to:

Mayo Clinic Alumni Center
Siebens 5
200 First Street, SW
Rochester, MN 55905
Tel: (507) 284-2317
Fax: (507) 538-7442
Email: mshsaa@mayo.edu