

**NOMINATION INFORMATION FORM
BOARD OF DIRECTORS
CLARION UNIVERSITY ALUMNI ASSOCIATION**

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Home E-mail _____

Home Fax () _____

Academic Information

Academic Major _____ Year(s) of Graduation _____

Degree(s) Received _____

College (Education & Human Services, Arts & Sciences, Business Administration, etc.) _____

Additional Education Information

Additional Education (other than undergraduate degree)

Business Information

Current occupation

Company name/address

City _____ State _____ Zip _____

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Business Phone () _____ Ext. _____

Business Fax () _____

Business E-Mail _____

Employment Summary

Years	Position	Firm
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information

If married, please indicate your spouse's name

If married to a Clarion graduate, please indicate graduation year(s)

Spouses degree(s)/major(s)

If you have children, please indicate their names and dates of birth

Board Involvement

Would you be able to attend approx. five meetings a year on campus (usually Tuesday evenings)? _____

Are you able and willing to pay your own transportation and lodging expenses?

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Have you been active in alumni efforts on behalf of Clarion University? If so, please provide a brief explanation

If you are active in your community, please indicate major interest or areas of participation

Additional comments or information

Please list general circulation newspapers in your area

Your Signature

Date

Please return to:

Seifert-Mooney Center for Advancement, Clarion University, 840 Wood Street, Clarion, PA 16214, Attn: Theresa Martin, CUA Executive Director