



**A.M. & JO WINCHESTER
DISTINGUISHED SCHOLAR AWARD
Nomination Form**

Nominee Name

Nominee Department

Nominee Position/Title

Nominator Name

Nominator Department

Nominator Position/Title

Required Signatures

I certify that I am familiar with all conditions of the A.M. & Jo Winchester Distinguished Scholar Award, and have provided accurate information in the application/nomination.

Nominee Signature: _____ Date_____

Printed Name: _____

Nominator Signature: _____ Date_____

Printed Name: _____

I endorse this nomination for the A.M. & Jo Winchester Distinguished Scholar Award.

Chair/Director Signature: _____ Date_____

Printed Name: _____

Dean/VP Signature: _____ Date_____

Printed Name: _____