



**The Walsh University Alumni Association
Professional Achievement Award – Nomination Form**

Criteria for Selection

Professional Achievement Award winners must meet all of the following criteria

- ✓ Walsh Alumna/us
- ✓ Significant Achievement in a Profession or Career Achievement

This form is to be completed by the **nominator**. The Outstanding Achievement Award Selection Committee will request additional information from the **nominee**.

Name _____	Walsh Graduation Year _____
Address _____	
City _____	State _____ Zip _____
Home Phone _____	Work Phone _____
Email _____	
Employer _____	Title / Position _____

Considering the criteria above, justify your nomination for the
Walsh University Professional Achievement Award.
Please submit your responses on a separate paper.

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Fax _____

E-mail _____

For additional information about the **NOMINEE** contact: _____

Return this form to:
Walsh University Alumni Office
2020 East Maple Street
North Canton, Ohio 44720

Phone: 330.244.4943

Email: skoontz@walsh.edu

Nominations due: July 20, 2026