



Alumni Awards of Excellence Nomination form

Distinguished Alumnus/ Alumna Young Alumnus/ Alumna Friend of StFX

Alumni Chapter of the Year Xaverian Spirit

Nominee Information

All information is required

Name: _____

City: _____

Phone Number: _____

Email: _____

Graduation Year (if applicable): _____

Nominator Information

Name: _____

Street Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Email: _____

DOCUMENT CHECKLIST

Biographically Summary

Letters of support – max. 3

Completed nomination form

Signature: _____

Date Submitted: _____

Return to:
alumni@stfx.ca