



SFSC Alumni Association Advisory Council Nomination Form

Section I: Nominator Information

*If self-nominating, please skip to section II.

First Name: _____ Last Name: _____

Graduating Year: _____ Degree Earned: _____

Mailing Address: _____

Phone: _____ Email: _____

Relationship to nominee: _____

Please contact me at (check all that apply)

- ☐ Phone
- ☐ Email
- ☐ Mail

Section II: Nominee Information

First Name: _____ Last Name: _____

Graduating Year: _____ Degree Earned: _____

Mailing Address: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Business Address: _____

Please contact he or she at (check all that apply)

- ☐ Phone
- ☐ Email
- ☐ Mail

Nomination for the following position:

- ☐ Chair
- ☐ Vice Chair
- ☐ Secretary
- ☐ Council Member

In 200 words or less, explain why this individual/self would want to serve on the Alumni Association Advisory Council or as an Officer. Why would this individual/self be a good fit with our association and what we are trying to accomplish?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for the nomination and for your interest in helping to grow the SFSC Alumni Association. Please complete this form and return to the SFSC Alumni Association Coordinator via mail: SFSC Alumni Association, 600 W. College Drive., Avon Park, FL 33825 or email to Anastasia.Fuchser@southflorida.edu. **Due date (postmarked): Thursday, July 17, 2026.**