January 27, 2017

To:	All Faculty, Staff and Administration
From:	Dr. Lawrence Dugan, Director Virtual Campus Center
Subject:	Nomination Request - Student Recognition Awards

DEADLINE: February 27, 2017

Your assistance is requested to identify candidates for the student recognition awards described below. Please note the deadline date and include as much of the requested information as you can on the form provided on the back of this memorandum (copies accepted). Although students may self-nominate, forms bearing the signature of a faculty or staff member will be preferred.

Rochester Area Colleges (RAC) Outstanding Adult Student Award

Purpose:	To recognize those adults (25 yrs.+) who have been especially successful at combining college with their other adult responsibilities of family, job, career and community service.	
Eligibility:	Completion of at least 50% of their degree program requirement.	
Criteria:	Scholarship, service (college, community), employment, family, honors and awards, goals.	
Award:	Dinner/reception - certificate of recognition.	
	Who's Who Among Students in American Junior Colleges	
Purpose:	To recognize those students who, in addition to academic excellence, have demonstrated diverse talents through their contributions and service to community and school.	
Eligibility:	Completion of at least 24 credits at MCC with good academic standing.	
Criteria:	Service to College (committees, student organizations, athletics, work study, tutoring, peer counselors, etc.), community involvement/service, family/work responsibilities, other special recognition, and scholarship.	
Award:	Dinner/reception, certificate of recognition, listing in national publication.	

STUDENT RECOGNITION AWARDS

Nomination Form

RAC Award	Who's Who Award	Both Awards
	Deadline February 27, 2	2017
Nominee's Name		
Student No	Academ	ic Program
feel warrant considerati <u>Outstanding Adult Stu</u>	on of this student). <u>Nomi</u> dent Award must attach a	nt factors/achievements which you nees for the Rochester Area Colleges a short biography outlining for use by the Selection Committee.
Scholarship		
Family Responsibilities_		
Job/Career		
Community Service		
Nominator please pr	rint and sign name	Date
	For Office Use	<u>Only</u>
Cumulative Aver	rage	No. of Credits Completed

Please return this form to Dr. Lawrence Dugan, Virtual Campus Center (3-150) by the deadline date listed above.