



Dear Applicant/Nominee,

Please carefully read the guidelines related to SSUNAA Annual Awards and adhere as required. These guidelines were approved at the 2017 SSUNAA Annual Meeting. Recipients for each award are recognized during the Annual Homecoming Banquet.

#### GUIDELINES

1. Applicants are required to send their application electronically to each committee member. This allows a check and balance for each committee member to verify the total number of applications submitted and received in each respective category.
2. Applicants are to submit packet at least one month prior to homecoming. The deadline will be determined based on SSU Homecoming date.
3. Applicants must be financially supportive of SSU/SSUNAA within the past 2 years. Must provide proof of contribution of a minimum of \$500.

Awards Committee Members:

Hazel A. Allen – allenteach@yahoo.com

Mary M. Clark, Committee Chairman – memclark@aol.com

Shirley T. McDuffie – smcd4@windstream.net

Brenda J. Rouse – bjrousessu@yahoo.com

Brenda H. Trimble – lulaehughes@bellsouth.net



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
CHAPTER OF THE YEAR AWARD CRITERIA

**PURPOSE:** A chapter recognition program will encourage and promote leadership, chapter membership, chapter activities and contributions to Savannah State University. All chapter officers and chapter committee chairs must be active/financial members of the alumni association for their chapter to be eligible.

**CATEGORIES:** (For purposes of this award only)

I	5 - 25 Members
II	26 - 50 Member
III	51+ Members

**CRITERIA CONSIDERED:**

- Exceed previous year's contributions by at least ten percent
- Exceed previous year's membership by at least ten percent
- Increase the number of first-time contributors (individuals who have never given or have not given in the last five years).
- Submit chapter reports as requested
- Send delegates to all appropriate conferences
- Send delegates to the association's business meetings (Annual Conference, regional conferences and SSU Homecoming)
- Adopt/continue a project that serves either SSU or the community
- Establish/maintain a scholarship program and report recipient names to SSU Office of Alumni Relations
- Updated chapter alumni mailing list
- Held a recruiting event for prospective students

- Recruited students for SSU and reported names and number of students recruited to SSU Office of Alumni Relations and SSUNAA Recruitment Committee
- Verification of data (nomination form) by the SSU Office of Alumni Relations and the SSUNAA National Treasurer
- Hosted an alumni conference



NOMINATION FORM  
SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
CHAPTER OF THE YEAR AWARD

Date of Application: \_\_\_\_\_ Date Received by Awards Committee: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Year of Charter: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Telephone Number (H): \_\_\_\_\_

\_\_\_\_\_ Contact Telephone Number (WK): \_\_\_\_\_

Chapter President Name: \_\_\_\_\_ Regional Vice President: \_\_\_\_\_

Total number of members (2015-16): \_\_\_\_\_ Total Current Membership (2016 -2017): \_\_\_\_\_

2015 -2016 Memberships

2016-2017 Memberships

Regular (Annual) Members: \_\_\_\_\_

Regular (Annual) Members: \_\_\_\_\_

Life Members: \_\_\_\_\_

Life Members: \_\_\_\_\_

Total contributions (2015 – 2016): \_\_\_\_\_  
(Do not include membership dues)

Total contributions (2016- 2017): \_\_\_\_\_  
(Do not include membership dues)

Number of first time contributors (or those who have not given in the last 5 years): \_\_\_\_\_

Chapter Project that benefits SSU or local community: \_\_\_\_\_

Do you have a scholarship program in place? \_\_\_\_\_ Amount awarded in 2016 \$ \_\_\_\_\_

Identify SSU students that are your current scholarship recipients below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify recruiting event held for prospective students: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

How many total students were recruited for SSU by your chapter this year? \_\_\_\_\_

Last conference and date hosted for alumni association: \_\_\_\_\_

Delegates at appropriate conferences: \_\_\_\_\_ Chapter Reports  
submitted as required: \_\_\_\_\_

Signature of Chapter President: \_\_\_\_\_

Verification of Alumni Office: \_\_\_\_\_

Please attach additional information to support this application as necessary.



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
PRESTIGIOUS YOUNG ALUMNUS OF THE YEAR CRITERIA

**PURPOSE:** Identify, recognize, and award young alum who has committed time and energy in service to the university and local community and has demonstrated an ability to excel both personally and professionally.

**ELIGIBILITY:** Persons eligible for the award shall be living SSU alumni who:

- Are 35 years of age or younger by Homecoming of the year in which they are nominated
- Hold SSU degree
- Member of SSUNAA and a local chapter at time of nomination
- Cannot receive the award twice in a five-year period

**FACTORS TO CONSIDER:**

- Service to Savannah State University and SSUNAA
- Commitment of volunteer time to civic and community organizations,
- Personal and professional accomplishments

Service to SSU and SSUNAA is considered to be most important.

**NOMINATION/AWARD PROCESS**

- Nominations can be made by any SSU alumnus.
- Nominations will also be solicited through the Alumni Anchor and alumni chapters.
- Nominations shall include one letter of nomination and a completed nomination form.
- All nominations must be received thirty days prior to Homecoming of each year; no exceptions.
- One award will be made annually unless there are no qualifying persons.

- Nominations will be reviewed and the winner selected by the SSUNAA National Awards Committee.
- The winner will be announced at the annual Homecoming Awards Banquet.



NOMINATION FORM  
SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
PRESTIGIOUS YOUNG ALUMNUS OF THE YEAR AWARD

Date of Nomination: \_\_\_\_\_ Date Received by Awards Committee: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_ SSU Class Year: \_\_\_\_\_

Nominee's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Nominating Chapter: \_\_\_\_\_ Member since: \_\_\_\_\_

SSU Degree Major: \_\_\_\_\_ Graduate Institution: \_\_\_\_\_

Other Degrees Earned & Major: \_\_\_\_\_

Present Profession or Occupation: \_\_\_\_\_

The above alumnus is hereby recommended to receive the award of "Prestigious Young Alumnus of the Year" in recognition for his/her service in the area(s) of: (check all that apply)

- \_\_\_\_\_ (A) Service to SSU and/or SSUNAA (considered to be most important)
- \_\_\_\_\_ (B) Community Service
- \_\_\_\_\_ (C) Professional Accomplishment
- \_\_\_\_\_ (D) Awards/Honors/Distinctions

Attach nominee's qualifications and identify areas and types of service to SSU and SSUNAA. Also include nominee's community and professional accomplishments and recognitions. Attach copies of documentation (awards, newspaper clippings, photos, etc.). Please attach additional sheets as necessary.

Attach a statement (one page) discussing the reasons this alumnus was nominated and why he/she is worthy of this distinction (attach information and supportive documents, as necessary).

This nomination is forward by:



Chapter President Signature: \_\_\_\_\_

Name of Chapter: \_\_\_\_\_



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
ENTREPRENEUR OF THE YEAR CRITERIA

**PURPOSE:** Identify, recognize, and award an alumnus who is an entrepreneur and has committed time, energy and financial resources to the university and SSUNAA and has demonstrated an ability to excel both personally and professionally.

**FACTORS TO CONSIDER:**

- Service to Savannah State University and SSUNAA
- Financial member of SSUNAA and/or local alumni chapter
- Commitment of volunteer time to civic and community organizations, and
- Personal and professional accomplishments

Service to SSU is considered to be most important.

**NOMINATION/AWARD PROCESS**

- Nominations can be made by any SSU alumnus
- Nominations will also be solicited through the Alumni Anchor, board and alumni chapters.
- Nominations shall include one letter of nomination and a completed nomination form.
- All nominations must be received thirty days prior to Homecoming of each year, no exceptions.
- One award will be made annually unless there is no qualifying person.
- Nominations will be reviewed and winner selected by the SSUNAA National Awards Committee.
- Winner to be announced at the annual Homecoming Awards Banquet.



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
ENTREPRENEUR OF THE YEAR AWARD CRITERIA

Date of Nomination: \_\_\_\_\_ Date Received by Awards Committee: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_ SSU Class Year: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Nominating Chapter: \_\_\_\_\_ Member since: \_\_\_\_\_

SSU Degree Major: \_\_\_\_\_ Graduate Institution: \_\_\_\_\_

Other Degrees Earned & Major: \_\_\_\_\_

Present Profession or Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

The above alumnus is hereby recommended to receive the award of "Entrepreneur of the Year" in recognition for his/her service in the area(s) of: (check any that apply)

- \_\_\_\_\_ (A) Service to SSU and/or SSUNAA
- \_\_\_\_\_ (B) Achievements as an Entrepreneur
- \_\_\_\_\_ (C) Professional Accomplishment
- \_\_\_\_\_ (D) Community Service
- \_\_\_\_\_ (E) Awards/Honors/Distinctions

Attach nominee's qualifications and identify areas and types of service to SSU and SSUNAA. Also include nominee's community and professional accomplishments and recognitions. Attach copies of documentation (awards, newspaper clippings, photos, etc.). Please attach additional sheets as necessary to support the items checked above.

Attach a summary statement (one page) discussing the reasons this alumnus was nominated and why he/she is worthy of this distinction. (Attach information and supportive documents, as necessary).

This nomination is forward by:

Chapter President Signature: \_\_\_\_\_

Name of Chapter: \_\_\_\_\_



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
ALUMNUS OF THE YEAR AWARD CRITERIA

**PURPOSE:** Identify, recognize, and award an alumnus who has committed time, energy and financial resources to the university, SSUNAA, local chapter, and local community, and has demonstrated an ability to excel both personally and professionally.

**FACTORS TO CONSIDER:**

- Service to Savannah State University and SSUNAA (considered to be most important)
- Financial member of SSUNAA for at least five years
- Financial contributor to SSU and SSUNAA
- Registered participation in two (2) of the (3) official SSUNAA meetings (May, Regional and/ or Homecoming)
- Commitment of volunteer time to civic and community organizations, and personal and professional accomplishments

**NOMINATION/AWARD PROCESS**

- Nominations can be made by any SSU alumnus
- Nominations will also be solicited through the Alumni Anchor, executive board and alumni chapters
- Nominations shall include one letter of nomination and a completed nomination form
- All nominations must be received thirty days prior to Homecoming of each year, no exceptions
- One award will be made annually unless there is no qualifying person
- Nominations will be reviewed by the awards committee and recommendations submitted to the SSUNAA Executive Committee
- Winner to be announced at the annual Homecoming Awards Banquet



NOMINATION FORM  
SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
ALUMNUS OF THE YEAR AWARD

Date of Nomination: \_\_\_\_\_ Date Received by Awards Committee: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_ SSU Class Year: \_\_\_\_\_

Nominee's Date of Birth: \_\_\_\_\_ Hometown: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Nominating Chapter: \_\_\_\_\_ Member since: \_\_\_\_\_

SSU Degree Major: \_\_\_\_\_ Graduate Institution: \_\_\_\_\_

Other Degrees Earned & Major: \_\_\_\_\_

Present Profession or Occupation: \_\_\_\_\_

1. Nominee is recognized for the following:

Service to Savannah State University, SSU National Alumni or both

Other areas that may be considered along with service to SSU and SSUNAA

Professional Accomplishments

Community Service

Publications

Awards and Honors

2. State the qualifications of the nominee. List outstanding contributions to SSU/SSUNAA, the community, professional advancement, publications, awards, and honors. Provide detailed information and include newspaper and magazine articles.

Cite recognition by national organizations with which the nominee is affiliated and provide any other supporting documents (You may use extra sheets if necessary).

3. State briefly why the nominee is worthy in the particular categories selected. (Attach additional sheets and any supportive material.)

This nomination is forward by:

Chapter President Signature: \_\_\_\_\_

Name of Chapter: \_\_\_\_\_



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
FAMILY OF THE YEAR AWARD CRITERIA

**PURPOSE:** To honor a family that has used physical and professional resources of Savannah State University most effectively to foster the educational development of its family members.

**ELIGIBILITY:** Every family with siblings attending Savannah State is potentially eligible for nomination. At least one family member must be financially supportive of SSU/SSUNAA with a contribution of a minimum of \$500 within the past 2 years. The award is made to a family, not an individual, for its confidence in the university as evidenced by the number of family members attending the institution, the achievement of family members while matriculating or after departing the university and other evidences of support and for our alma mater.

**BASIS FOR SELECTION**

The criteria for selection will include:

- The number of parents and/or siblings who have graduated and who are presently enrolled at the institution
- The quality of academic achievement and degree of participation in auxiliary activities while in attendance
- Demonstrated confidence in and continued support of the University by other means

**PROCEDURE**

Nominations may be made by alumni chapters. Appropriate documentation must accompany the application. A designated university official must verify as much evidence as possible the information given by the nominator. Additional verifications may be received that are within the scope of the criteria, but may be unavailable to the nominator.

**RENOMINATION:**

If not selected, a family may be resubmitted for nomination. A previous winner cannot be resubmitted for nomination within a span of five (5) years and must have made additional achievements since receiving the award.





NOMINATION FORM  
SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
FAMILY OF THE YEAR AWARD

This award is presented to the family that has used the physical and professional resources of Savannah State University most effectively in fostering the educational development of its members. The general criteria for selecting the family will include, but is not be limited to, the number of parents and/or siblings who have graduated and/or who are presently enrolled at Savannah State University; the quality of academic achievement and participation in auxiliary activities while in attendance; and demonstrated confidence in and support of the university by other means.

The \_\_\_\_\_ family is hereby nominated for the Savannah State University National Alumni Association “Family of the Year Award”

Nominator or Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

- Present statements that summarize the outstanding nature of this nomination. (Attach additional sheets and supportive materials.)
- Number and title of documents included (ex. 1 - Resume, 2 - Newspaper clipping, 3 - Copies of certificates, etc.)
- Use additional sheets if necessary.

This nomination is forwarded by: \_\_\_\_\_

Chapter President Signature: \_\_\_\_\_

Name of Chapter: \_\_\_\_\_



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
DISTINGUISHED COMMUNITY SERVICE AWARD CRITERIA

**PURPOSE:** To recognize and honor a person who has voluntarily performed outstanding services to the community by giving generously of time and talent to benefit persons culturally, educationally, ethically, politically, and/or socially.

**ELIGIBILITY:** Any individual who has contributed to the welfare of persons at the state or local level will be considered for the award. The individual cannot have received remuneration for his/her services.

The nominee must have been actively involved in voluntary service during the year that the award is made. Individuals may be resubmitted for nomination.

**BASIS FOR SELECTION:**

Selection for the Distinguished Community Service Award will be based on the value of the service rendered by the nominee in meeting the needs of persons in the community. Services in any area of human or political need must be presented in writing and properly documented. Recipient may reside in any municipality.

**PROCEDURE:** Completed nomination forms, accompanied by a brief description of the activities of the nominated person, which are meritorious and deserving of national recognition as an alumnus and any relevant supporting material (letters of reference, awards and commendations, newspaper clippings, etc.) should be submitted.

**RENOMINATION:**

If not selected, a person may be resubmitted for nomination. A previous winner may not be resubmitted for nomination unless additional achievements have been made since receiving the award.



NOMINATION FORM  
SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
DISTINGUISHED COMMUNITY SERVICE AWARD

This award is the highest honor bestowed upon a person by the Savannah State University National Alumni Association who has voluntarily performed outstanding services to the community by giving generously of time and talent to benefit persons culturally, educationally, ethically, politically and/or socially. The nominee must have been actively involved in voluntary service during the year that the award is made and cannot have received remuneration for his/her services.

\_\_\_\_\_ is hereby nominated for the Savannah State University National Alumni Association "Distinguished Community Service Award."

Nominee's Address: \_\_\_\_\_ d \_\_\_\_\_  
\_\_\_\_\_

Nominee's Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Nominator or Contact Person: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Present statements that summarize the outstanding nature of this nomination. (attach additional sheets and supportive materials). Number and title of documents included (ex. 1 - Resume, 2 - Newspaper clipping, 3 - Copies of certificates, etc.) Use additional sheets if necessary.

This nomination is forward by: \_\_\_\_\_

Signature, Address and Phone Number: \_\_\_\_\_

Name of Chapter President: \_\_\_\_\_



SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
PRESIDENTIAL MEDALLION OF EXCELLENCE AWARD CRITERIA  
(To be selected and awarded by the President of SSUNAA)

**EXCELLENCE (defined):** Excellence is the highest attribute of merit an individual can achieve. This honor is one of the most outstanding virtues known to present day society.

**CRITERIA:** Recipients of the Presidential Medallion of Excellence must:

- Be an alumnus who has achieved local, state or national recognition in a chosen field of Endeavour, either as a professional or a volunteer
- Be an alumnus who has excelled academically after graduation
- Be supportive and active in the National Alumni Association
- Be exemplary of the highest moral and ethical standards befitting SSU graduates

**PERIOD OF ELIGIBILITY:**

The award will be granted starting three years after the recipient has graduated. If the recipient is deceased, then the medallion is awarded to a family member in honor of the recipient

**DESIGN:** Bronze background trimmed in gold with the school's insignia emblazoned on the front. The school's founding is represented on an amulet. The medallion is suspended from an orange and/or blue neckband and on the back, is a description of the recipient's achievements in his/her career.

**NOMINATION PACKET TO INCLUDE:**

- A letter of nomination which includes name, address, chapter affiliation, and telephone number of both nominator and nominee
- A professional resume of the nominee which includes a chronological listing of educational experiences
- Description of position or duties, institutional/industrial affiliation, dates, name of immediate supervisor for each picture
- Supporting evidence as appropriate:

- Letters of commendation
- Evaluation data from beneficiaries, colleagues, supervisors or subordinates
- Videotape of nominee (optional)
- Other evidence which will aid the committee deliberation



NOMINATION FORM  
SAVANNAH STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION  
PRESIDENTIAL MEDALLION OF EXCELLENCE AWARD

Selection is made by the SSUNAA national president.

This award is the highest honor bestowed by the national president of Savannah State University National Alumni Association to an alumnus who has received local, state or national recognition in a chosen field of endeavor either as a professional or volunteer. The honoree is one who has excelled academically since graduation; who has been financially supportive and active in the Alumni Association; and who exemplifies the highest moral and ethical standards befitting Savannah State University graduates.

\_\_\_\_\_ is hereby nominated for the Savannah State University National Alumni Association Presidential Medallion of Excellence Award.

Nominee's Address: \_\_\_\_\_ d \_\_\_\_\_  
\_\_\_\_\_

Nominee's Phone (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Nominator or Contact Person: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Present statements that summarize the outstanding nature of this nomination. (Attach additional sheets and supportive materials.)

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Number and title of documents included (ex. 1 - Resume, 2 - Newspaper clipping, 3 - Copies of certificates, etc.) Use additional sheets, if necessary.

This application is submitted by (Signature of the President and a member of a chapter in good standing with SSU National Alumni Association):

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Signature, Address and Phone Number

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Name of Chapter President

I, \_\_\_\_\_,  
President of \_\_\_\_\_ Chapter, affirms that the above  
signed member is in good standing and that the chapter is in good standing with membership dues  
and support contributions paid.