

MARTIN DE TOURS AWARD GUIDELINES & CRITERIA

I. THE NOMINEE MUST BE:

- AN EXEMPLARY CITIZEN WHO HAS CONSISTENTLY SERVED HIS/HER COMMUNITY
- AN INDIVIDUAL WHO HAS DEMONSTRATED A COMMITMENT TO THE HIGHEST STANDARDS IN HIS/HER CHOSEN FIELD OF ENDEAVOR
- A GRADUATE OF ST. MARTIN'S WHO ATTENDED A MINIMUM OF THREE CONSECUTIVE YEARS
- MINIMUM AGE OF 35 YEARS OLD
- ABLE TO ATTEND AWARDS CEREMONY

II. DOES THE NOMINEE'S SERVICE REFLECT...

- THE IDEALS OF ST. MARTIN'S AND SERVES AS AN INSPIRATION TO FELLOW ALUMNI AND TO THE CURRENT STUDENT BODY
- THE MOTTO AND MISSION OF ST. MARTIN'S EPISCOPAL SCHOOL (FAITH, SCHOLARSHIP, SERVICE)
- LEADERSHIP IN HIS/HER COMMUNITY

III. HAS THE NOMINEE ACHIEVED OUTSTANDING SUCCESS IN ANY OF THE FOLLOWING?

- SERVICE OF HIS/HER COMMUNITY THROUGH PHILANTHROPIC AND/OR CIVIC ACTIVITIES
- SERVICE OF HUMANITY IN PROFESSIONAL AND/OR VOLUNTEER ACTIVITIES
- CONTRIBUTION TO THE OVERALL WELFARE OF CHILDREN AND THEIR EDUCATION
- CONTRIBUTIONS TO CHURCH AND/OR COMMUNITY AND/OR PROFESSION
- CONTRIBUTIONS TO THE ENVIRONMENT
- LEADERSHIP IN ONE OR MORE OF THE FOLLOWING AREAS: BUSINESS, RELIGION, EDUCATION, ARTS, HUMAN SERVICES, SCIENCES, AND GOVERNMENT
- PROMOTION OF ONE OR MORE OF THE FOLLOWING AREAS: TOLERANCE, HUMAN DEVELOPMENT, AND EXCELLENCE

MARTIN DE TOURS AWARD NOMINATION FORM

Please print or type all information

PERSONAL INFORMATION

NAME: _____ GRADUATION YEAR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ E-MAIL: _____

PROFESSIONAL INFORMATION

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

OFFICE ADDRESS: _____

OFFICE PHONE: () _____ E-MAIL: _____

QUALIFICATIONS

IN WHAT PHILANTHROPIC ACTIVITIES DOES THIS PERSON PARTICIPATE?
HOW HAS HE/SHE SERVED OR CONTRIBUTES TO HIS/HER COMMUNITY? HAS
THIS PERSON BEEN HONORED OR RECOGNIZED AS AN OUTSTANDING
COMMUNITY MEMBER/ LEADER? *PLEASE INCLUDE AN ADDITIONAL PAGE IF
NECESSARY.*

SUBMITTED BY: _____ SIGNATURE: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

DATE: _____