



## Alumna of the Year Nomination

### NOMINEE INFO

Nominee Name (First, maiden, last name)\_\_\_\_\_

Class Year\_\_\_\_\_

Nominee Email\_\_\_\_\_

Nominee Phone (XXX-XXX-XXXX)\_\_\_\_\_

### YOUR INFO

First Name\_\_\_\_\_

Maiden Name (if applicable)\_\_\_\_\_

Last Name\_\_\_\_\_

Graduation Year (if applicable)\_\_\_\_\_

Email\_\_\_\_\_

Phone (XXX-XXX-XXXX)\_\_\_\_\_

How do you know the nominee? \_\_\_\_\_

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Please submit answers to each of the following questions.

1. Please list leadership roles, volunteer positions, honors/awards, and/or any other involvement the nominee has had at Cabrini High School or in her community.
2. Please tell us how this person exhibits Christian faith and charity, the principles of generosity, and caring for others.
3. Please share why you think the nominee embodies the mission of Cabrini High School and core values of respect, excellence, and service.
4. Any other information you would like to add.

Please scan and email to [Alumnae@cabrinighigh.com](mailto:Alumnae@cabrinighigh.com)

Or mail to: Cabrini High School

Attn: Alumnae Office

1400 Moss Street

New Orleans, LA 70119

Due: December 31st