

**Albright College**  
**2007 President's Award**  
**For Leadership in Learning for a Lifetime**  
**Nomination Form**

Deadline: Friday, February 2, 2007

Program Name \_\_\_\_\_ Web site \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Program  
Director/Administrator \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

If this program is sponsored by another organization, please provide:

Name of  
Sponsoring  
Organization \_\_\_\_\_ Web site \_\_\_\_\_

CEO/Chief  
Administrator \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

What is the primary purpose of this program or organization?

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Date program was founded \_\_\_\_\_ Population the program serves \_\_\_\_\_

Location of program Services \_\_\_\_\_

How often is this program offered? \_\_\_\_\_ Duration of program for typical participant \_\_\_\_\_

Number of people served by the program annually                      2004 \_\_\_\_\_                      2005 \_\_\_\_\_

Sources of funding for this program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost to participant, if any \_\_\_\_\_

Criteria for participation (age, gender, other criteria, if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of paid staff \_\_\_\_\_ Number of volunteers \_\_\_\_\_

What roles do volunteers play in this program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this program or organization enhance lifelong learning? Please give specific examples  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe examples of successful outcomes for participants in this program.  
(Testimonials, feedback, letters, etc., may be attached.)

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Awards or other recognition received by this program (please give name or type of award and date):

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Please share the names of individuals who make significant contributions to the success of this program:

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Name of person submitting  
this nomination

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Address

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City

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State

Zip Code

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Phone

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Fax

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E-mail

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Please submit form by Friday, February 2, 2007 to:

Learning for a Lifetime  
c/o College Relations Office  
Albright College  
P. O. Box 15234  
Reading, PA 19612-5234

If you have questions or need assistance, please contact David Johnson, Albright College  
(610) 921-7238 or [djohnson@alb.edu](mailto:djohnson@alb.edu)