



REV. VINCENT J. GUINAN CSB
ALUMNI OF THE YEAR AWARD

Please note that the recipient should be available to receive the award at Graduation on May 10.

Nominees Full Name _____ Class year(s) _____

Name while at UST (if known) _____

Home Address _____

City, State, Zip Code _____

Phone number (h) _____ (w) _____

E-mail address (h) _____ (w) _____

Involvement with UST following graduation:

Professional and/or civic involvement:

Other volunteer activities

I have enclosed the following: (please check all that apply)

☐ Nominees resume

☐ Narrative on the alumni

☐ Published articles

☐ Other (please list) _____

☐ Statements from myself or other alumni

On a separate piece of paper, please include any additional information on the nominee and his or her activities that you would like the Alumni Association Board of Directors to consider.

Nominated by _____ Class year(s) _____

Home Address _____

City, State, Zip Code _____

Phone number (h) _____ (w) _____

E-mail address (h) _____ (w) _____

Please return this completed form along with additional information by February 28, 2026 to:
University of St. Thomas, Office of Alumni Relations, 3800 Montrose Blvd., Houston, TX 77006
or email a digital copy to alumni@stthom.edu