



**SISTERS OF NOTRE DAME
DISTINGUISHED GRADUATE AWARD**

AWARD DATE _____

SCHOOL _____

ADDRESS _____

CITY/STATE/ZIP _____

AWARD RECIPIENT(S)

NAME OF RECIPIENT: _____

CITY/STATE: _____

PARENT/GUARDIAN NAME: _____

PARENT CONNECTION TO SND (if any) _____

NAME OF RECIPIENT _____

CITY/STATE _____

PARENT/GUARDIAN NAME _____

PARENT CONNECTION TO SND (if any) _____

IF POSSIBLE, PLEASE E-MAIL A PICTURE OF YOUR RECIPIENT(S) TO office@snded.org

PLEASE RETURN THIS COMPLETED FORM TO

EMAIL: office@snded.org

OR

SND NATIONAL EDUCATION OFFICE
13000 AUBURN ROAD
CHARDON, OH 44024