



ELEVATE

Our Students. Our People. Our Profession.

2026 MKN College Access and Success Outstanding Professional Application

The MKN College Access and Success Outstanding Professional is committed to the TRIO/GEAR UP/EOP movement and the goal of ensuring that college access and success is available to all students. Through their work with TRIO/GEAR UP/EOP, this person exudes the passion and perseverance to assist low-income and/or first-generation students in their quest to attain a postsecondary education. We encourage you to think of the heroes within your grant who work hard every day for students, including but not limited to, directors, assistant directors, educational specialists, evaluators, coordinators, grant managers, and college advisors.

In this application, you will have the opportunity to write about your nominee and attach **three** (3) one-page supporting documents such as letters of recommendation, student stories or social media. Consider going “above and beyond” in your nomination to make the candidate stand out.

Requirements:

- The nominee must be paid by the TRIO/GEAR UP/EOP grant and be a current member of MKN.
- The nominee’s work is above and beyond their job description to advance the TRIO/GEAR UP/EOP movement and objectives of the TRIO/GEAR UP/EOP grant.
- The nominee has demonstrated excellence at work with his/her TRIO/GEAR UP/EOP team, as well as with any work with students and/or the community.
- The nomination must be signed by the TRIO/GEAR UP/EOP Director.
- **All award nominations are due on March 6, 2026.**

Please attach three (3) one-page supporting documents such as letters of recommendation, student stories or social media to this application.

Mail or e-mail this application to:
MKN Advocacy & Recognition Chair
Shannon Hatfield
Crowder College
601 Laclede Avenue
Neosho, MO 64850

ShannonHatfield@Crowder.edu

A. NOMINEE INFORMATION

1. Contact Information:

First Name _____ Last Name _____

Title _____ MKN current member: Yes No

Institution _____

Email Address _____ Phone Number _____

Street Address _____

City _____ State _____ Zip _____

2. Years of experience working directly with a TRIO/GEAR UP/EOP program:

___ 0-2 years ___ 3-5 years ___ 6-10 years ___ More than 10 years

3. Program Affiliation:

___ UB ___ UBMS ___ SSS ___ TS ___ EOC ___ VUB

___ McNair ___ GEAR UP ___ Other: _____

B. NOMINATOR INFORMATION

First Name _____ Last Name _____

Title _____ MKN current member: Yes No

Institution _____

Email Address _____ Phone Number _____

Street Address _____

City _____ State _____ Zip _____

TRIO/GEAR UP/EOP Director approval signature

___ Same as Nominator ___ Not the Nominator, add phone: _____