



ELEVATE

Our Students. Our People. Our Profession.

2026 MKN College Access and Success Outstanding Institution Application

The MKN College Access and Success Outstanding Institution may be any institution or organization committed to the TRIO/GEAR UP/EOP movement that exemplifies the goal of ensuring that college access and success is available to all students. Through their work with a TRIO/GEAR UP/EOP grant, this institution exudes the passion, professionalism, and perseverance to effectively assist low-income and/or first-generation students in their quest to access and succeed in college. We encourage you to think of the champions who work with your TRIO/GEAR UP/EOP grant to ensure student success.

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’s work goes above and beyond in their efforts to advance the TRIO/GEAR UP/EOP movement and objectives of a TRIO/GEAR UP/EOP grant.
- The nominee has provided exceptional contributions to a TRIO/GEAR UP/EOP grant, such as equipment or materials, influence, access, brain power, etc.
- The nomination must be signed by a TRIO/GEAR UP/EOP Director at the Institution.
- **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:

Institution _____

Street Address _____

City _____ State _____ Zip _____

Contact Name & Title _____

Email Address _____ Phone Number _____

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: _____