Dear Alumni:

We’re having the 25th Reunion of the Eastern Connecticut State University Class of 1991 on Saturday, May 14, 2016. And you’re going to have the best . . . Barbeque and Blarney’s!

We’ll start the evening on campus at 5:00 p.m. with a grand Alumni March to the “Big Tent Barbeque” where we will join with parents, faculty and staff to welcome the newest members of the Eastern family of alumni – the Class of 2016!

And then after the Barbeque, we’ll head down the hill to Blarney’s. Your class, along with the Classes of 1981, 1986, and 1996, will be honored as part of the annual ‘’80s/’90s Reunion” from 7:00-10:00 p.m. The reunion will feature bar food, a DJ with dancing, and an open bar, all courtesy of the ECSU Foundation and the ECSU Alumni Association. All Eastern alumni from the ’80s and ’90s are invited, so you’ll be sure to see lots of old friends from back in the day.

So get the word out to all your Eastern friends and plan to be here! Send in your reservation to the Office of Alumni Affairs in the enclosed envelope by May 9, 2016.

And there is still time to make your reunion gift. Please make a gift today and return it with your reunion reservation. If you’ve already made your gift to Eastern this year, thank you!

If you have any questions please call Michael, Ryan, or Sheila in the Office of Alumni Affairs at (860) 465-5302.

I look forward to seeing you on May 14!

Sincerely,

Michael J. Stenko
Director of Alumni Affairs

Enclosures
EASTERN CONNECTICUT STATE UNIVERSITY – CLASS OF 1991
25th REUNION

REUNION RESERVATIONS

Please complete and return this form in the enclosed self-addressed envelope by May 9, 2015.
For special needs, information on accommodations, or other questions, you may call the Alumni Affairs
office at (860) 465-5302. If it is easier for you, please email any concerns or questions
to alumni@easternct.edu.

Name ________________________________________________________________

Name While at Eastern _______________________________________________

Name of Guest ________________________________________________________

Address ____________________________________________________________

City/Town __________________________________________________________
State __________________ Zip Code __________________

Employer __________________________________________________________
Position __________________________________________________________

Employer Address _________________________________________________________________________________________

Daytime Phone __________ Evening Phone __________ Email ________________________

Yes, I/we will attend the Class of 1991 Reunion on Saturday, May 14, 2016!

No, I/we will be unable to attend the Class of 1991 Reunion on Saturday, May 14, 2016.

Please indicate for the following events the number of persons attending, including yourself and your guest.
Note: These events are provided on a complimentary basis. There is no charge for any of the Reunion activities!

_________ Alumni March and Big Tent Barbeque (5:00 – 7:00 p.m.)

_________ Reunion Party at Blarney’s (7:00 – 10:00 p.m.)

Please share any information for “Class Notes” in an upcoming edition of Eastern Magazine:
________________________________________________________________________________________
________________________________________________________________________________________

Please share your favorite memories of your years at Eastern Connecticut State University (feel free to attach
additional pages):
________________________________________________________________________________________
________________________________________________________________________________________

Return your Reunion Reservation by Monday, May 9, 2016 to
25th Reunion
Office of Alumni Affairs
Eastern Connecticut State University
Gelsi-Young Hall, Room 128
83 Windham Street
Willimantic, CT 06226
### ECSU Foundation Scholarships to be matched by The Jeffrey P. Ossen Family Foundation

<table>
<thead>
<tr>
<th>Scholarship Type</th>
<th>Description</th>
<th>Match Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dr. Robert N. Horrocks, Dr. Daniel B. Switchenko and Dr. Neil Williams Founders of Kinesiology and Physical Education Endowed Fund</td>
<td>Established in 2002 to support department needs as well as scholarships. The scholarship will be awarded to a student with financial need majoring in Kinesiology and Physical Education or Sport and Leisure Management.</td>
<td>Ossen Family Foundation match is dollar for dollar and will be in place for two fiscal years (FY16-FY17)</td>
</tr>
<tr>
<td>The J. Donald McLaughlin Memorial Scholarship</td>
<td>Established in 2014 by Dr. Robert Jennette, Eastern's Director of Health Services, to honor Dr. McLaughlin, Eastern's first physician. It is intended to support deserving students with financial need who are planning to serve others as health professionals, to teach others as medical educators, or to engage in biomedical research.</td>
<td></td>
</tr>
<tr>
<td>The Student Research Scholarship</td>
<td>Fund was recently launched by Dr. Marc R. Freeman '93, a nationally recognized medical researcher and Associate Professor and Vice Chair of Department of Neurology at the UMass Medical School, and his wife, Amy Sheehan '93. This fund will support Eastern students for research work or research internships in the sciences — including room and board, research materials and stipends.</td>
<td></td>
</tr>
</tbody>
</table>

Ossen Family Foundation match is dollar for dollar and will be in place for two fiscal years (FY16-FY17)
I/We wish to contribute to the:

□ Dr. Horrocks, Dr. Switchenko and Dr. Williams Founders of Kinesiology and Physical Education Endowed Fund
□ J. Donald McLaughlin Memorial Scholarship
□ Student Research Scholarship

With a pledge of:

□ $500 annually for two years for a total of $1000
□ $300 annually for two years for a total of $600
□ $100 annually for two years for a total of $200
□ $_____ annually/semiannually/quarterly for _____ years for a total of $______.
□ My one-time donation of $______ is enclosed.
□ My/my spouse’s employer will match my gift (form enclosed)
□ I/We have made a provision for Eastern in my/our will

Method of Payment:

Please make checks payable to The ECSU Foundation, Inc.
Charge: □ VISA □ MasterCard □ Discover
Account # ____________________ CSC _____
Amount to be Charged ______________
Exp. Date _______ Signature ____________________________
Print Name ____________________________________________

Name: ________________________ Class: __________
Street: ______________________________________________
City/State/Zip: _______________________________________
Email: ____________________ Telephone:_____________
Employer: ____________________ Position:_____________

If you have already sent in your gift, please accept our thanks.

See reverse for Scholarship descriptions. If you have already sent in your gift, please accept our thanks.

I/We wish to contribute to the:

□ Dr. Horrocks, Dr. Switchenko and Dr. Williams Founders of Kinesiology and Physical Education Endowed Fund
□ J. Donald McLaughlin Memorial Scholarship
□ Student Research Scholarship

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Exp. Date _______ Signature ____________________________
Print Name ____________________________________________

Name: ________________________ Class: __________
Street: ______________________________________________
City/State/Zip: _______________________________________
Email: ____________________ Telephone:_____________
Employer: ____________________ Position:_____________

See reverse for Scholarship descriptions. If you have already sent in your gift, please accept our thanks.