Individual Student Nomination Form

Name: __________________________________ Student ID: _____________________

Address: __________________________________________________________________

City: ____________________________ State: OR Zip: _____________

Present Grade: _______ GPA: _____ Home Phone Number: (_____)____________

School (Please circle one): Glencoe Hilhi Century Liberty

School Counselor: __________________________________________________________

NOMINATED BY:

☐ Counselor/Teacher: ________________________________________________________

☐ Community Partner: ________________________________________________________

☐ Other (Please specify): ______________________________________________________

COMMENTS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FOR OFFICE USE ONLY:
Date Received: ___________________________
Educational Advisor: ____________________