*The James M. Stevens Memorial Scholarship*

Student Nomination Form (May only be nominated by a teacher)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected graduation date: (month / year) \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominating Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have an Individualized Education Plan? \_\_\_\_

Will the student be graduating in June 2020? \_\_\_\_

Does the student intend to continue post high school education

to include a two or four-year college, apprenticeship or

job certification training program? \_\_\_\_

Has the student already been accepted into a program? \_\_\_\_

Please describe why you believe the student is deserving of your nomination:

Do you believe that the student has the necessary skills to succeed in a post high-school learning environment? Please indicate why.

Describe how you believe the scholarship will impact the student and their family.

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*If you have additional information or comments, please include on the back of this application.* ***Deadline for nominations is May 11, 2020***