

NOMINATION FORM

For use by Teachers or Counselors Nomination Deadline: February 15th, 2021

(Late nominations will NOT be considered)

DATE		,
SCHOOL NAME		
Thank you for your interest in nominating a girl for focuses on students whose households may be facing emphasis on households headed by single parents, g foster parents. We would greatly appreciate your to that original objective as possible. *If you would nomination form as necessary.	g financial limitation randparents, non-par attempts to help us	s and places a special ent guardians and s to remain as close
STUDENT #1	CURRENT GRADE LEVEL	
ADDRESS		
TELEPHONE NUMBER OF PARENT OR GUARDIAN_	APT. #	ZIP CODE
STUDENT #2	CURRENT GRADE LEVEL	
ADDRESS		
TELEPHONE NUMBER OF PARENT OR GUARDIAN_	APT. #	ZIP CODE
STUDENT #3	CURRENT GRADE LEVEL	
ADDRESS		
TELEPHONE NUMBER OF PARENT OR GUARDIAN_	APT. #	ZIP CODE
NAME OF PERSON COMPLETING FORM (please print))	
SIGNATURE OF PERSON COMPLETING FORM		
TITLE OR POSITION		
TELEPHONE NUMBER	E-MAIL	
-	iences Manager /INS@DREXEL.EDU 64 FAX: (215) 299-1165	;



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