Student Government Leadership Commendation Nomination

This form requests considerable detailed information in all areas of your college activity and your achievements. Nominees shall be chosen upon the criteria of their merit as undergraduate student leaders.

Current employees and current senators of the University of Maine Student Government, Inc., are ineligible for consideration.

IDENTIFICATION DATA

Full Name: ______________________________ Student ID# ____________________________

During the next academic year, the applicant will be:

___ Second Year    ___ Third Year    ___ Fourth Year    ___ Fifth Year

Expected Date of Graduation (mo/yr) ______________

Major Field of Study: _______________________ Degree to be Earned: _______________________

Anticipated Career Field: ____________________________

Home (Permanent) Address:

No & Street __________________ City ________ State ________ Zip

Email Address (required): ____________________________

Current Phone w/Area Code (Required): ____________________________

CAMPUSS ACTIVITIES

Honorary Society Membership:

_________________________________________________________________

_________________________________________________________________

Professional Society Memberships:

_________________________________________________________________

_________________________________________________________________

Campus Committee Chair Positions and / or Memberships Held:

_________________________________________________________________

_________________________________________________________________

College Athletic Teams:

_________________________________________________________________

_________________________________________________________________

Other:

_________________________________________________________________
CAMPUS LEADERSHIP

Please Give a Brief Summary of a Leadership Accomplishment You Have Worked for to Better the UMaine Community:

COMMUNITY SERVICE ACTIVITIES & INVOLVEMENT

Please List Community Service Activities:
NOMINATOR’S VERIFICATION

I hereby certify that all the above statements are true and complete and are for the purpose of applying for a scholarship.

Date

Applicant’s Signature

Nominated by

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Return Completed Application to:

University of Maine Student Government, Inc.
ATTN: Pam Rideout
5748 Memorial Union
Orono, Maine 04469-5748