Student Government Leadership Commendation Nomination

This form requests considerable detailed information in all areas of college activity for a complete record of your achievements. You will be judged on what you have done as well as how much. Your application cannot be considered unless all of the following guidelines are followed. If you are a paid employee of Student Government, Inc. you cannot be considered for this award (member of a Board, Community Association, etc.).

Application must be completed in blue or black ink only, printed clearly or typed.

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IDENTIFICATION DATA

Full Name: ________________________ Student ID# ________________________

During the next academic year, the applicant will be:

____ Sophomore ____ Junior _____Senior  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): ________________________

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CAMPUS ACTIVITIES

Honorary society membership:

__________________________________________

__________________________________________

Professional society memberships:

__________________________________________

__________________________________________

Campus committee chair positions and / or memberships held:

__________________________________________

__________________________________________

College athletic teams:

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Other:

__________________________________________
COMMUNITY SERVICE ACTIVITIES & INVOLVEMENT

Please list community service activities:

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CAMPUS LEADERSHIP

Please give a brief summary of a leadership accomplishment you have worked for to better the UMaine community

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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

Return Completed Application to:

Student Government, Inc.
ATTN: Pam Rideout
5748 Memorial Union, Room 156
Orono, Maine 04469-5748