

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.

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): _____

CAMPUS ACTIVITIES

Honorary society membership:

Professional society memberships:

Campus committee chair positions and / or memberships held:

College athletic teams:

Other:

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