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): __________________

CAMPUS ACTIVITIES

Honorary society membership:

________________________________________________________

________________________________________________________

Professional society memberships:

________________________________________________________

________________________________________________________

Campus committee chair positions and / or memberships held:

________________________________________________________

________________________________________________________

College athletic teams:

________________________________________________________

________________________________________________________

Other:

________________________________________________________

COMMUNITY SERVICE ACTIVITIES & INVOLVEMENT
Please list community service activities:

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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

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Return Completed Application to:

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