Ohio Association of Career Colleges and Schools

OhioLEADS! Nomination Form

Application Deadline: April 14, 2017

1. Complete **ONLY** the **top section** of this form and send it to your chosen civic, community or state leader requesting that they nominate you for the specific scholarship. (A separate form is needed for **each** additional scholarship for which you apply.)

2. Request that your chosen nominator return the nomination form to you or your high school counselor for inclusion as part of your Application.

Name: _____ **Phone:** (___) _____

Street Address: _____

City/State/Zip Code + 4: _____

School Name: _____

School Counselor's Name: _____

School Address: _____

City: _____ **State:** ____ **Zip:** _____

I am applying for a career scholarship in _____
(**Name of Program**)

_____ from _____
(**Scholarship Number**) (**Name of College/School and City**)

Nomination: (To be completed by person nominating student)

I hereby nominate _____
to be considered by the ***OhioLEADS!*** Committee for the above mentioned Scholarship.

_____
Signature

_____
Title, Organization

Contact Information:

Address:_____

City, St Zip:_____

Phone:_____

Nomination Form should be returned to high school counselor