NOMINATION FORM

By nominating a student for the Entrada Scholars Program, Calvin University will provide the nominee with an application for the program. Nominations are not required for the application process, though they do provide additional endorsement of an applicant’s character and academic preparation. Nominations must be received by January 15.

Your information

Mrs. /Ms. /Mr. /Other ______________________ Your Name: ____________________________________________

Organization/Institution: _____________________________________________________________

Your Position: _______________________________________________________________________

Mailing Address: ___________________________________________________________________

City/State/Zip: ______________________________________________________________________

Phone Number: ___________________________ Email Address: _________________________________

Student(s) you wish to nominate

Student you wish to nominate: __________________________________________________________ Sex: M or F (please circle one)

Address: ___________________________________________________________________________

City/State/Zip: ______________________________________________________________________

Phone Number: ___________________________ Email Address: _________________________________

Academic Interest of Nominee (if known): _______________________________________________

Class Level (please circle one):  Junior (11)    Senior (12)

How long have you known the nominee and in what capacity? ______________________________

_________________________________________________________________________________

Why do you feel this person would be a good fit for the Entrada Scholars Program?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

(over)
Your Name: ___________________________ Your Email: ___________________________

Student you wish to nominate: ___________________________ Sex: M or F (please circle one)

Address: __________________________________________________________________________

City/State/Zip: ______________________________________________________________________

Phone Number: ___________________________ Email Address: _____________________________

Academic Interest of nominee (if known): __________________________________________________________________________

Class level (please circle one):  Junior (11)    Senior (12)

How long have you known the nominee and in what capacity? __________________________________________________________________________

Why do you feel this person would be a good fit for the Entrada Scholars Program?
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

SEND COMPLETED FORMS TO:
COLLEGE ACCESS PROGRAMS
CALVIN UNIVERSITY
3201 Burton Street SE Grand Rapids, MI 49546
(616) 526-6749
entrada@calvin.edu

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