NOMINATION FORM

By nominating a student for the Entrada Scholars Program, Calvin College 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.

Information on the Nominator
Mrs. /Ms. /Mr. /Other __________________________ Your Name ____________________________________________
Organization/Institution: ________________________________________________________________
Your Position: _______________________________________________________________________
Mailing Address: _____________________________________________________________________
City/State/Zip: _______________________________________________________________________
Phone Number: __________________________ Email Address: _________________________________

Information on the Nominee
Nominee Name: ________________________________________________ Sex: M or F (please circle one)
Address: __________________________________________________________________________
City/State/Zip: _____________________________________________________________________
Phone Number: __________________________ E-mail 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)
Nominee Name: ___________________________________________ Sex: M or F (please circle one)
Address: _____________________________________________
City/State/Zip: _____________________________
Phone Number: ___________________________ E-mail 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?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Nominee Name: ___________________________________________ Sex: M or F (please circle one)
Address: _____________________________________________
City/State/Zip: _____________________________
Phone Number: ___________________________ E-mail 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?
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