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 11.

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 ACESS PROGRAMS
CALVIN COLLEGE
3201 Burton Street SE
Grand Rapids, MI 49546
(616) 526-6749
fax: (616) 526-6756
entrada@calvin.edu

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