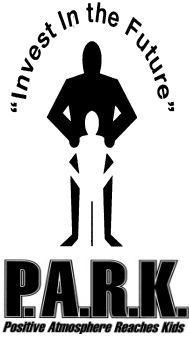


NOMINATION FORM



To all nominating teachers and counselors: Please take a moment to consider the student you have selected for membership in our program. It is very important that you give an accurate assessment of the student's skills and abilities. It will help in determining the student's chances for success in our program.

PLEASE PRINT

Name of Applicant Last: _____ First: _____ Middle: _____

Date of Birth: ___/___/___ Race: _____ Gender: Male Female

Grade: 7th 8th Current G.P.A.: _____ (Please attach report card to this form.)

Parent/Guardian(s): _____ Relationship to student: _____

Address: _____ (Street) _____ (City) _____ (State) Zip: _____

Telephone #: _____ Work#: _____

Nominating Counselor/Teacher: _____ Name of School: _____

Permission from a guardian: _____
(Signature of guardian)

Please state why you feel this student needs P.A.R.K.

Signature: _____

Date: ___/___/___

To complete form please attach 2nd Nine Weeks report card to nomination.

Fax completed nomination form.

FOR OFFICE USE ONLY

___/___/___ Date Rec'd Report Card Letter of Reference Tests Completed