



STUDENT EXCELLENCE AWARD
NOMINATION COVER FORM

Name of Nominee: _____ School: _____

Contact Address: _____

E-mail address: _____ Telephone: () _____

Please read and sign the following statement: I agree that the Pennsylvania Association of Developmental Educators may use my name, picture and interview narrative in PADE published materials to promote developmental education.

Nominee's Signature: _____ Date _____

Nominated by PADE Member:

Name: _____ Work Phone: () _____

Address: _____

Email: _____ FAX: _____

Program Director's Name: _____ **Work Phone()** _____

Address: _____

Important: To be considered for this award, please follow the application process on the Award document and submit required materials with this form by FEB. 18, 2011

FOR COMMITTEE USE

_____ Letters of recommendation (at least two)

_____ digital jpg.

_____ Official Transcript

_____ Date Nomination received

