



District Scholarship Nomination Form

*This form is to be completed by an ISTA member who has a child, stepchild, grandchild or step-grandchild graduating from high school during the 2016-17 school year. This is the **only** form that is required. Once completed, it should be returned to either the Local President or UniServ Director.*

Candidate Information

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

Gender (check one) Male _____ Female _____

Ethnicity (check one)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other _____ |

Please answer all questions

(Y) (N) Is this candidate graduating from a public high school during the 2016-17 school year?

Name of High School _____

(Y) (N) Does this candidate maintain at least a "C" average?

(Y) (N) Will this candidate attend a formal accredited training program or accredited college/university during the 2017 Fall semester?

Name of institution candidate will attend _____

Nominator Information

Candidate is my (check one) child step child grandchild step grandchild

Name _____ Phone (_____) _____

Email Address _____

Local Association _____ District Council _____

Signature of ISTA member _____ Date: _____

Deadline

Nomination forms must be submitted to the Local President or UniServ Director no later than April 1.