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 current 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)

☐ American Indian/Alaska Native  ☐ Multi-Racial

☐ Asian  ☐ Native Hawaiian/Pacific Islander

☐ Black/African American  ☐ White/Caucasian

☐ Hispanic/Latino  ☐ Other ______________________________

Please answer all questions

(Y) (N) Is this candidate graduating from a public high school during the 2019-20 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 2020 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.