



Partners Fund Presidential and Presidential Plus Scholarship

Counselor, Teacher or Administrator Nomination Form

Deadline for nomination March 14, 2010

Student's Name _____
Last First MI Social Security No.

Address _____
Number & Street, P.O. Box City State Zip code

Student's Telephone (____)-____ E-Mail _____
Area Code

Selection Criteria

1. Must be ranked in the top ten percent (10%) of the high school graduating class.
2. Must be able to meet all general freshman admission requirements for acceptance prior to August 1, 2009
3. Must enroll as a full time student.
4. Must possess an outstanding academic record at the nominating high school.

Eligibility Information:

An official high school transcript must be submitted with this application to the Office of Admissions.

Rank in Class: Number _____ out of _____ graduates.

Grade Point Average _____

If available, give highest ACT/SAT cumulative test score: ACT _____ SAT _____

Name of High School and City _____

List outstanding achievements and awards received:

Anticipated course of study _____

The above named student meets all criteria specified and is hereby nominated for consideration of the UTPB Partners Fund Presidential Scholarship.

Name Title School Phone Number Date

This nomination form must be signed and returned to the UTPB Office of Admissions by the Counselor, Teacher or Administrator nominating the above named student.