|  |  |
| --- | --- |
|  | Student Recommendation FormThe John Gastley FoundationPO Box 755Hanover, PA 17331info@gastleyfoundation.com800-662-8447 |

## Nominator Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
|  |  |  |  |
|  |  |  |  |

Employer: Position:

|  |  |
| --- | --- |
| Relationship to Student: |  |
|  |  |
| Student Nominee: |  | Student Email: |  |
| Current School & Parish: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Guardian Name: |  | Guardian Email: |  |

## How would you describe this Student?

## Describe this Student’s leadership qualities:

## List the Student’s Awards & Achievements:

## What type of extracurricular activities does this Student participate in?

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity: |  | Time Active: |  |
| Description: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Type of Activity: |  | Time Active: |  |
| Description: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Type of Activity: |  | Time Active: |  |
| Description: |  |  |  |
|  |  |  |  |

## How does this Student stand out among their peers?

## Please use the space below to share anything you would like us to learn about the Student nominee:

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |  |
|  |  |  |  |

\*\*\*Please return to your student nominee to include with their application submission. Thank you in advance for your support of our young leaders.