Hampton L. Daughtry
Michael Houser
Hispanic Scholars

Donor-Funded Financial Aid Programs

Nomination of Student

Nominee's name:_____

Mailing address:_____ _____ _____ _____
Street City State Zip

Parents' Names: _____

Have you informed the student and his/her family of the nomination? Yes_____ No_____

Circle the program for which you are nominating the student.

Hampton L. Daughtry Michael Houser Hispanic Scholars

Describe the strengths of the candidate and present any information you would like to be considered.

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Nominator's name:_____

Mailing address:_____ _____ _____ _____
Street City State Zip

Telephone:_____

Signature of nominator:_____ Date:_____