**Virginia Department of Education**

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| 2019 Presidential Scholars  Nomination form |  |

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| The [U.S. Presidential Scholars Program](https://www2.ed.gov/programs/psp/index.html) was established in 1964, by executive order of the President, to recognize and honor some of our nation's most distinguished graduating high school seniors. The Virginia Department of Education is seeking nominations for the 2018 Presidential Scholars Program. Please consider nominating students who demonstrate outstanding scholarship, but who might not otherwise be nominated through the current SAT/ACT, Arts, or CTE recognition processes.  All high school seniors graduating between January and June of 2018, who are U.S. citizens or legal permanent residents and who attend public, parochial, or independent schools, as well as those who are home-schooled, are eligible.  The candidates will go through the application process, and as in the past, the 2018 U.S. Presidential Scholars will be selected by the Commission on Presidential Scholars and receive the Presidential Scholars Medallion at a ceremony in their honor in Washington, DC. |

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| Student NOminee Information: | | | | | | | | | | | | | | | | | | |
| **Last Name** |  | | **First Name** |  | | | | | | | **M.I.** | | |  | **Preferred Name** | |  | |
| **Street Address** |  | | | | | | | | | | | | | | **Apt. #** | |  | |
| **City** |  | | **State** |  | | | **ZIP** | | |  | | | | | | | **Gender** |  |
| **Phone** |  | | **E-mail Address** |  | | | | | | | | | | | | | | |
| School Information: | | | | | | | | | | | | | | | | | | |
| **High School** | |  | | | | | | | **High School CEEB Code** | | | | | | |  | | |
| **Address** | |  | | | | | | | | | | | | | | | | |
| **School Telephone** | |  | | | | **School Division** | | | | | |  | | | | | | |
| **Principal** | |  | | | | **E-mail Address** | | | | | |  | | | | | | |
| Parent/guardian Contact Information: | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | **Relationship** | | | | | | | |  | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | |
| **Phone (H)** | |  | | | **Work/Cell** | | | | | | | |  | | | | | |
| **E-mail Address** | |  | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | |
| *The information provided on the attachment accurately reflects my accomplishments during high school.* | | | | | **Student Signature** | | |  | | | | | | | | | | |

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| Principals will submit completed student nominations to their Superintendent. All nominations will be evaluated by the process established by each Superintendents Region to select regional nominees. Each Superintendents Region will determine its own process to select regional nominees based on the guidance issued in the State Superintendent’s Memo. Regional nominees will be submitted to the Office of the State Superintendent of Public Instruction for submission to the Presidential Scholars Commision. | | | |
| ATTENTION PRINCIPALS:Completed student nomination forms must be returned to your Superintendent for certification. | | | |
| Superintendent’s Certification of Nominee | | | |
| **SCHOOL DIVISION:** |  | **SUPT. REGION** |  |
| **SUPT. SIGNATURE** |  | **DATE:** |  |

*Please complete the information below. PLEASE DO NOT SUBMIT ADDITIONAL DOCUMENTS.*

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| eLECTED OR aPPOINTED OFFICES OR POSITIONS nominee held during high school | | |
| **Office** | | **Year** |
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| Community Service completed by nominee during high school | | |
| **Activity** | **Date(s)** | **Hour(s)** |
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| nominee’s high school award(s) and achievement(s) | | |
| **Award or Achievement** | **Awarding Organization** | **Date of Award** |
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|  |  |  |
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| nominee’s Extracurricular activities during high school *(Sports, Clubs, Scouts, Etc.)* | | |
| **Activity** | **Dates involved** | **Sponsoring Organization** |
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| please indicate your future goals (college, career, etc.) | | |
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| For Principal/Nominator: | | | | |
| *What about the student makes him or her stand out as having outstanding scholarship?* | | | | |
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| ***Describe any special challenges or hurdles this student has overcome while still achieving high academic success?*** | | | | |
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| *I certify that the information on this application is accurate and the student’s parent or legal guardian is a legal resident of the Commonwealth of Virginia.* | **Principal’s Name** |  | | |
| **Principal’s Signature** |  | **Date:** |  |