VIRGINIA DEPARTMENT OF EDUCATION 2021 PRESIDENTIAL SCHOLARS NOMINATION FORM

The <u>U.S. Presidential Scholars Program</u> 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 2021 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 2021, 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 2021 U.S. Presidential Scholars will be selected by the Commission on Presidential Scholars and receive the Presidential Scholars Medallion.

| STUDENT NOMINEE INFORMATION | | | | | |
|---|-----------------|---------------------|---------------------------------|--|--|
| Last Name: | First Name: | | M.I.: | | |
| Preferred Name: | Street Address: | | Apt #: | | |
| City: | State: | | ZIP: | | |
| Gender: | Phone: | | Email Address: | | |
| SCHOOL INFORMATION: | | | | | |
| High School: | | High School CEB Cod | le: | | |
| Address: | | | | | |
| Phone: | | Principal: | | | |
| School Division: | | Email Address: | | | |
| PARENT/GUARDIAN INFORMATI | ON: | | | | |
| Full Name: | | Relationship: | | | |
| Address: | | | | | |
| Phone (Home): | | Phone (Work/Cell): | | | |
| Email Address: | | | | | |
| STUDENT SIGNATURE: | | | | | |
| The information provided on the attachment | | Student Signature: | | | |
| accurately reflects my accomplishments a school. | during mgn | | | | |
| SUPERINTENDENT'S CERTIFICA | TION OF NOMINE | E | | | |
| ATTENTION PRINCIPALS: Principals must submit completed student nomination forms 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 | - | | The of the state superintendent | | |
| School Division: | | Superintendent's F | Region: | | |



Date:

Superintendent's Signature:

VDOE 2021 PRESIDENTIAL SCHOLARS PROGRAM: STUDENT NOMINEE INFORMATION SHEET

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

| ELECTED OR APPOINTED OFFICES OR POSITIONS NOMINEE HELD DURING HIGH SCHOOL | | | | | | |
|---|----------------------|------------------------------|-----------------------------|--|--|--|
| Office | | | Year | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| COMMUNITY SERVICE COMPLETED | | | | | | |
| Activity | | Date(s) | Hour(s) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| NOMINEE'S HIGH SCHOOL AWARD(S) AND ACHIEVEMENT(S) | | | | | | |
| Award or Achievemer | nt | Awarding Organization | Date of Award | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| NOMINEE'S EXTRACURRICULAR ACTIVITIES DURING HIGH SCHOOL (Sports, Clubs, Scouts, Etc.) | | | | | | |
| Activity | | Dates involved | Sponsoring | | | |
| | | | Organization | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | 0.1.6./601.1.565 | | | | | |
| PLEASE INDICATE YOUR FUTURE GOALS (COLLEGE, CAREER, ETC.) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| FOR PRINCIPAL/NOMINATOR: | | | | | | |
| What about the student makes him or her stand out as having outstanding scholarship? | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe any special challenges or hurdles | this student has ove | ercome while still achievin | g high academic success: | | | |
| beschibe any special chancinges of hardes | ems seadene nas ove | eredine winte sent demevin | g mgn deddenne saecess. | | | |
| | | | | | | |
| I certify that the information on this appli | cation is accurate o | and the student's parent o | r legal guardian is a legal | | | |
| resident of the Commonwealth of Virginia. | • | | | | | |
| D | B | _ | | | | |
| Principal's Signature: | Principal's Name: | Da | te: | | | |
| | | | | | | |

