



## STARS of GREENE COUNTY SCHOOLS

### Nomination Form

Please print except for the signature. This form is to be completed by the person making the nomination (Nominator). The Nominee is the person you are nominating.

1. Nominee's Full Name: \_\_\_\_\_
2. Nominee's Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Nominee's Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Nominee's Profession: \_\_\_\_\_
6. Nominee's Year of Graduation : \_\_\_\_\_ Name of High School: \_\_\_\_\_
7. Nominator (Person Making Nomination) : \_\_\_\_\_
8. Nominator's Address: \_\_\_\_\_
9. City/State/Zip: \_\_\_\_\_
10. Nominator's Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
11. Nominator's Signature: \_\_\_\_\_
12. Name/Address to Whom Candidate Questionnaire Should be Mailed/Emailed: This could be the nominee or someone who knows them well.  
\_\_\_\_\_  
\_\_\_\_\_
13. Reasons In Support of Nomination (attach separate page if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nomination Form, Reasons in Support of Nomination and at least 1 but not more than 3 reference letters must be postmarked ON OR BEFORE JANUARY 5, 2018, send to:

ATTN: Darlene McCleish Greene LEAF, P.O. Box 22, Afton, TN 37616

