|  |  |
| --- | --- |
| Nomination Form |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address  |  |
| City, State, Zip Code |  |
| Home or Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| \*Please indicate how you would prefer to be contacted regarding this nomination |  |
| Who is your employer? |  |
| What is your position? |  |

## Relationship to Nominee

|  |  |
| --- | --- |
| Name of the nominee |  |
| How do you know the nominee? |  |
| Contact information of nominee\*Address, telephone number and/or email address |  |
| Please circle one of the following: | 1. I prefer that Leadership Launch reach out directly to the nominee and deliver the application. (\*Some form of contact information must be provided).
2. I will deliver the application to the nominee myself.
 |

## In General

### Please fill this nomination out in the most convenient way for you. You can handwrite (feel free to attach additional pieces of paper), or fill it out electronically by going to LeadershipLaunch.org and downloading the nomination form from the Admissions page. **Nominations will be reviewed on a rolling basis.**

## Leadership Potential

### Please explain the leadership potential that you see in the applicant and/or explain what you think makes the applicant unique and a good candidate for the Leadership Launch program.

|  |
| --- |
|  |

## Leadership Challenges

### Please explain any challenges or obstacles that the applicant faces that may impede the applicant’s ability to reach his/her full leadership potential.

|  |
| --- |
|  |

## Additional Information

### Please provide any additional information that you think would be helpful for us to know when considering this applicant for enrollment into the Leadership Launch program.

|  |
| --- |
|  |

## Confidentiality

### The information provided in this nomination form is confidential.

## Agreement and Signature

### By submitting this nomination, I affirm that the facts set forth in it are true and complete to the best of my understanding.

|  |  |
| --- | --- |
| Signature and Date |  |

Thank you for completing this nomination form.