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| LEADERSHIP LAUNCHNomination Form |  |

## Contact Information

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| --- | --- |
| 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 |  |

## Relationship to Applicant

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| --- | --- | --- |
| How do you know the applicant? | |  |
| Who is your employer? |  | |
| What is your position? |  | |

## In General

### Please feel free to type, handwrite, attach additional pieces of paper, or go to LeadershipLaunch.org to fill it out electronically. We appreciate you taking the time to nominate a student for our program.

## 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.

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## 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.

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## 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.

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## 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.

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

Thank you for completing this nomination form.