

2019 Summer Scholars Program

SCHOOL NOMINATION FORM

Student Name	Recommended (circle one)		Key Skills or Attributes for Consideration	Comments
	Yes	No		
Person completing form: _			District Position:	Date:
Phone:			E-Mail:	
Signature of Superintende	nt of Schoo	ols:	Date:	·

Additional copies of this form are available on-line: www.dcboces.org/er/summerscholars