

## JOHN WALLACE SCHOLARSHIP AWARD NOMINATION FORM – Undergraduate Student

(Deadline for Submission is February 5, 2010)

Name	
Position	
School	
Address	
Town/City	Zip
Have you confirmed the nominee's parent or guardian's school membership in CAS?	Yes No
limit your answers to a total of six typ  2. The applicant's program supervisor sh	e feels deserving of this award scholarship. (Please bed pages, double sided.) hould state why he/she feels the applicant is worthy nit your answers to a total of six typed pages, double
sided.)  Typed Name of Applicant	Signature of Applicant
Typed Name of Applicant	Signature of Applicant
Telephone Number of Applicant	
Name and Title of Nominator	Signature of Nominator
Telephone Number of Nominator	