

Emerging Leaders Institute –Nomination Form | 2010

Please complete the following information. Please type or print neatly.

NOMINEE INFORMATION

Applicant Name: _____ Position: _____

Program: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Chapter Affiliation _____ Member Since: _____

Recommendation

Chapter President: Please review the MAEOPP selection criteria and the application process. On a separate sheet of paper, indicate the ways and the extent to which this nominee satisfies each of the selection criteria. Also include any additional information that you believe will assist the MAEOPP ELI Task Force Committee in its consideration of this nominee.

NOMINATOR INFORMATION

Applicant Name: _____ Position: _____

Program: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Chapter Affiliation _____ Member Since: _____

Nominator's Signature: _____ Date: _____

Please complete this form and submit it to the MAEOPP ELI Task Force Committee Chair:

Dan Jackson, Educational Talent Search, St. Olaf College, Northfield, MN 55057