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| ***Nominator Information*** | | | | |
| **Name:** | **Phone:** | | | **Email:** |
| ***Student Information*** | | | | |
| **Nominee (Student)Name:** | **Address:** | | | **City:**       **State: NE** |
| **DOB:**      /     /  Month Day Year | **Grade**: | | | **Email:** |
| **Gender**:  Boy Girl  Transgender | | **Does Student live with parent(s)?**  Yes  No  If No, with whom does Student Live?  **Name:**       **Relationship:** | | |
| ***Parent/Guardian Information*** | | | | |
| **Parent/Guardian Name(s):** | **Address:** | | | **Email:** |
| **Parent/Guardian Phone(s): Cell:**       **Home:** | | | **Emergency Contact Name:**  **Phone #:** | |
| **Does the Participant know you are nominating them?**  Yes  No | | | | |
| **Is there any other information you would like to share about this young person and why you are nominating him/her?** | | | | |
| **Ancova Empowerment Project is a voluntary program that Youth Participant and Parent/Guardian must be willing to participate in. Signature by parent/guardian below indicates permission to provide this nomination to AEP.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature Date** | | | | |

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| **Administrative Review ONLY** | |
| **Receipt Date:** | **Receipt Time:** |
| **Notes:** | |