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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 [ ]  NoIf 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:**       |