



2018 Nomination Application

*THIS FORM MUST BE COMPLETED AND RECEIVED by The Bootstraps Foundation
NO LATER THAN March 2, 2018*

This Application is in two sections: one to be completed by the school, the other to be completed by the student. Please submit both the student and school portion of this application by email in .pdf format (if at all possible). The Bootstraps Foundation will acknowledge receipt.

PLEASE NOTE: Completed applications must be reviewed and submitted to the Bootstraps Foundation by a school official. Please double check to make certain all questions have answers. The Bootstraps Foundation cannot consider incomplete nominations.

TO BE COMPLETED BY THE SCHOOL
(Please type or print legibly)

School Name: _____

County: _____

School Address: _____

City _____, TN

Zip: _____

Telephone: _____

Fax: _____

School Principal: _____

School Counselor: _____

Email: _____

Telephone: _____

Student Information

Student Name: _____

Age: _____

Home Address: _____

City: _____, TN

Zip: _____

Telephone: _____ Cell: _____ Email: _____

***** (To be completed by principal, counselor or faculty sponsor) *****

ACT Score: _____ SAT Score: _____ GPA: _____

Signature: _____ Title: _____

2018 The Bootstraps Foundation, Student Name: _____

Please, also complete attach a letter of recommendation explaining:

HOW DOES THIS STUDENT QUALIFY AND WHY DOES HE OR SHE

DESERVE THE BOOTSTRAPS AWARD? (Please type and limit response to 2 pages)

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For the Student Nominee:

Name: _____ School: _____

1. List the colleges or universities to which you are applying for admission.

2. List any other scholarships and/or financial aid for which you have applied.

3. Briefly describe your personal academic career, and life goals. (Please use additional pages as necessary.)

4. What are your plans to fund college expenses above and beyond tuition and fees, such as housing, food, books, etc.? Please describe. (Please use additional pages as necessary.)

5. Extracurricular Activities (Please use additional pages as necessary.)

6. PERSONAL STATEMENT. PLEASE DESCRIBE, IN YOUR OWN WORDS, YOUR KEY TO SUCCESS, DESPITE THE OBSTACLES YOU HAVE HAD TO OVERCOME IN YOUR LIFE. please limit response to 2 pages

2018 The Bootstraps Foundation, Student Name: _____

Student's Acceptance of Nomination and Agreement

If you receive a Bootstraps Award, you will be asked to keep us informed of your progress throughout your college program. You may be asked (but will not be required) to participate in events to support and benefit the Bootstraps program.

In the event that you receive a Bootstraps Award, The Bootstraps Foundation may use your name, photograph and application information in general media formats (TV, newspapers, press releases, other publications). Please signify, by your signature below, that you agree to allow, and authorize The Bootstraps Foundation to use your name, photograph and application information as described above. Specific confidential and personal information will not be disclosed without your expressed consent.

Student Signature: _____

Date: _____

Scan & email form to:
Ed VanVoorhees, Secretary
Secretary@Bootstraps.org

For office use only

Date Received: _____