

# 2020 Nomination Application

## THIS FORM MUST BE COMPLETED AND RECEIVED by The Bootstraps Foundation

*NO LATER THAN* ***March 5, 2020***

**PLEASE NOTE: Completed applications must be reviewed and submitted to the Bootstraps Foundation by a school official**

***TO be completed by the School***

*(Please type or print legibly)*

School Name Click here to enter text. County Click here to enter text.

School Address Click here to enter text.

City Click here to enter text. , TN Zip Click here to enter text.

Telephone Click here to enter text. Fax Click here to enter text.

School Principal Click here to enter text.

School Counselor Click here to enter text. Email Click here to enter text.

Telephone Click here to enter text.

**Student Information**

Student Name Click here to enter text. Age Click here to enter text.

Home Address Click here to enter text.

City Click here to enter text., TN Zip Click here to enter text.

Telephone Click here to enter text. Cell Click here to enter text. Email Click here to enter text.

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

ACT Score Click here to enter text. SAT Score Click here to enter text. GPA Click here to enter text.

Signature Click here to enter text. Title Click here to enter text.

**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)