

**Student Courage Award
Nomination Form
All nominations are due by December 8, 2006**

Nominee Name: _____

Address/City, State, Zip: _____

Telephone (Day and Evening): _____

Parent/Guardian (Youth Only): _____

Sponsoring School, Business, Church, Synagogue or Other Organization:

_____ Nominee's Grade (6-12) _____ Nominee's Age

Nominated By (Your Name): _____

Relationship to Candidate: _____

Address/City, State, Zip: _____

Telephone (Day/Evening): _____

Signature: _____ Date: _____

Recommendation 1 (Name): _____

Address/City, State, Zip: _____

Telephone (Day/Evening): _____

Recommendation 2 (Name): _____

Address/City, State, Zip: _____

Telephone (Day/Evening): _____

Submit the nomination form, recommendation letters and all supplementary materials- preferably in one package- by December 8, 2006.

Mail to: Kayla Snow, Siena College, 515 Loudon Road, Loudonville, NY 12211. For more information contact Kayla Snow at ksnow@siena.edu.