



# Clarence L. Barney Student of the Week Nomination Form

\_\_\_\_\_  
**Name of Nominee**

\_\_\_\_\_  
High School

\_\_\_\_\_  
Year in High School (e.g. junior/senior)

\_\_\_\_\_  
GPA

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Postal Code

\_\_\_\_\_  
Parent/Guardian Telephone #

\_\_\_\_\_  
E-mail

## NOMINATOR

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution/Organization

\_\_\_\_\_  
Institution/Organization Street Address

\_\_\_\_\_  
City/State/Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

Student's academic achievements/involvement:

Student's extracurricular achievements/involvement:

Evidence of Perseverance in the face of adversity

Additional Comments:

Please upload most current copy of nominee transcript \_\_\_\_\_