

The **SERVICE**
TRADITION
of **TC3**
Nomination Form

Please complete and return
by April 1, 2009 to:
TC3 Foundation
P.O. Box 520
Dryden, NY 13053

Name of Nominee _____ Date _____

Nominee's Address _____

Nominee's Phone number (if available) _____

Please Check one: High School Senior High School: _____
 Current TC3 student
 Potential TC3 applicant

I recommend this student based on my personal knowledge of their: (check all that apply)

- Academic Standing
- Work Ethic
- Community Service

Based on the above criteria, why are you nominating this student?

Name of current employer and comments about work performance

PLEASE FILL OUT THE REVERSE SIDE.

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Service to the community/name of agency

May we let the student know that you were their nominator? yes no

Signature of Nominator _____

Print Name _____ Relationship to Nominee _____

Address of Nominator _____

Phone number (days) _____

