Student-Citizen Award
Nomination Form

Student Name: _____ Grade: _____ Age: _____

Address: _____ Cum. GPA: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Home Phone: _____ Work or Mobile: _____

Parent/Guardian Name: _____

High School: _____ Phone # _____

High School Address: _____

City: _____ State: _____ Zip: _____

High School Principal's Name: _____

Your Name (Nominator): _____

Address: _____

Phone Number: _____ E-mail: _____

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Please tell us why this student deserves to be recognized as this month's Student-Citizen. Feel free to attached additional pages. Also include photos of your student nominee in action:

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Send this completed Nomination Form to:

CW22 / MyRDC Student-Citizen Award
3012 Highwoods Blvd., Suite 101
Raleigh, NC 27604
919-872-2854
dharris@sbgnet.com