Friends of Emmanuel College Scholarship
Nomination Form

I, _____________________________________, would like to nominate the following high school senior/college transfer for the Friends of Emmanuel College Scholarship.

Student Name: __________________________ Year of High School Graduation: _____

Address: __________________________________________________________________________

City, State, Zip: _____________________________________________________________________

Telephone: (_____)______________  E-mail: _____________________________________________

High School or College: _____________________________________________________________________

High School or College, City, State, Zip: _________________________________________________

Please take a moment to check the appropriate response to the following questions:

What is your relationship with Emmanuel College?

__ Friend

__ Alumna/us  Year of Graduation: _____________________________________________

__ Faculty  Department: _____________________________________________

__ Staff  Department: _____________________________________________

How long have you known the nominee?

________________________________________________________________________________________

Please identify the circumstances of your relationship with the nominee:

________________________________________________________________________________________

OVER
Please express how you, a Friend of Emmanuel College, envision the nominee contributing to the Emmanuel College community. You may use the space provided or attach a separate page.

Your name:________________________________________________________________________

Address:__________________________________________________________________________

City, State, Zip:___________________________________________________________________

Telephone: (_____)______________________________________________________________

E-mail:__________________________________________________________________________

Please submit this nomination form postmarked by February 15, 2015 to:

Emmanuel College
Office of Admissions
400 The Fenway
Boston, MA 02115

Or, you may fax this form to the Office of Admissions at 617-735-9801 by February 15, 2015.

Please note:
This $2,500 scholarship is mutually exclusive; therefore, students may only receive one scholarship offered by Emmanuel College. This scholarship is renewable by the recipient each year he/she attends Emmanuel College under the condition that he/she maintains satisfactory academic progress. If you have questions, please contact the Office of Admissions at 617-735-9715.