

**2020 ALTERNATE NOMINATION**

**Student Information (please print legibly)**

First Name Last Name Gender Email Phone

Mailing Address

City County Zip Code

School (currently attending)

**Parent/Guardian Information**

First Name Last Name Email Phone

**Nominator Information**

Name

Signature

***NOTE: If you have filled out this form electronically, once completed, you must hit save.***

***Rename and save it to your computer before printing it out or*** ***emailing.***