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Description automatically generated

**THE NONTRADITIONAL EMPLOYMENT & TRAINING PROGRAM**

**VANGUARD AWARD NOMINATION FORM**

**NOMINATOR’S NAME:**

Title:

School:

Telephone:­

Email Address:

Fax:   
Street Address:

City:

State:

Zip Code:

**NOMINATED STUDENT’S NAME:**

Email Address:

Phone

Street Address

City

State

Zip Code

Program Name:

Field of Study:

Number of years in program? \_\_\_\_\_\_\_\_

Intended career: \_\_\_\_\_\_\_\_

Is the student under the age of 18? YES\_\_\_\_\_ NO\_\_\_

Nominated student signed the statement authorizing use of name and/or photograph in public relations activities enclosed below YES\_\_\_\_\_ NO\_\_\_\_\_

*Please answer the following short answer questions and provide concrete examples in your answer.*

1. **Please describe the student's academic performance: how do tests, projects, papers and assignments demonstrate the student's knowledge of her/his field?**

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| --- |
|  |

1. **Does the student demonstrate awareness of the preparation needed to enter this field? Is she/he aware of the career opportunities that exist within this field?**

|  |
| --- |
|  |

1. **How does the student serve as a role model? Does she/he take on additional responsibilities in professional organizations or student groups?**

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| --- |
|  |

1. **Does the student understand the significance of a nontraditional career? Please comment.**

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**VANGUARD STUDENT RECOGNITION AWARD**

STUDENT INFORMATION FORM

**STUDENT:**

Name:

Telephone: ­

Email Address:

Telephone for Parent/Guardian, if different from above:

Street Address:

City:

State:

Zip Code:

School:

FOR ALL NOMINEES, please read and sign the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my name to be nominated for the

*(Please type your name)*

VANGUARD Student Recognition Award for Students in CTE programs that are nontraditional for their gender and to have my photo taken for possible use statewide and nationally in publications and activities highlighting nontraditional careers. I also approve use of the photos for local publicity in media approved by the school I attend.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_