



# LEADERSHIP SCHOLARSHIP NOMINATION FORM

## Nomination Form for CMU Leadership Scholarships 2012 – 2013

**Instructions to Student:** Fill out the information in the box below and pass on this form to a nominator such as a coach, guidance counsellor, (music) teacher, youth leader, pastor, mentor, employer, volunteer coordinator, for completion.

**Name of Applicant:** \_\_\_\_\_

**Information for Nominator:** Leadership Scholarships recognize students who demonstrate significant leadership ability, academic excellence, personal character, service, and vision. Each year CMU recognizes such students by awarding four **Leadership Scholarships** (maximum value, \$10,000; \$4,000 first year, \$2,000 per year for additional 3 years).

Students are expected to solicit two letters of nomination that give reasons why they should be considered for such an award. Please complete this form and letter on behalf of the above named student and mail or fax directly to CMU no later than **February 28**; Attn: Admissions.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

Please write and submit a letter of about 200 words telling us why the nominee qualifies for a Leadership Scholarship. Please respond to some or all of the following questions in your letter:

- Identify the most meaningful / significant leadership accomplishments of the nominee.
- How did s/he impact others? How do others respond to the nominee when s/he is leading?
- What are the specific gifts and strengths of the nominee?
- How do you think CMU will benefit from having the nominee as a student?

If you would like more information on Canadian Mennonite University and/or Outtown please contact Admissions toll free 1-877-231-4570 or locally at 487-3300. Or simply fill out your mailing address here and we will send you a general information packet about:

Outtown \_\_\_\_\_ and/or CMU \_\_\_\_\_

Street address: \_\_\_\_\_

City/town: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/ Zip Code: \_\_\_\_\_

Please send completed form to:

**ADMISSIONS  
CANADIAN MENNONITE UNIVERSITY**

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