

CAPP Scholarship Nomination Form*

Name of Person Submitting Nomination: _____

School District: _____

Name of Nominee: _____

UW Oshkosh Student ID Number: _____

CAPP Course(s) Completed: _____

CAPP Course(s) In Progress: _____

Rationale for the nomination (300 words maximum):

Contact information for person submitting the nomination:

Address:

Phone:

E-mail:

Contact information for nominee:

Address:

Phone:

E-mail:

**This form must be submitted electronically to: capp@uwosh.edu. Awardees will notified in May of the year they are nominated. All nominations will remain confidential.*

CAPP Office: *Selected* Y or N *Student Accounts Notified* Y or N