

**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:

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, 2014 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, 2014.

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.