

Statement of Nomination

**University Scholars Program for Community College Students
UNIVERSITY OF MASSACHUSETTS
Amherst • Boston • Dartmouth • Lowell**

Nominee's Name (Last, First, Middle)

Social Security Number

Date of Birth

Address

City, State, Zip

Telephone

E-Mail

This nominee has applied to the following UMass campus(es): ____ Amherst ____ Boston ____ Dartmouth ____ Lowell

Community College President's Name

Community College President's Signature

Community College

Address

City, State, Zip

Contact Person Name

Direct Phone Number

Mail or fax this form (no other documentation is necessary) by November 15 for students graduating at the end of the fall semester, and March 15 for spring-semester graduates to:

University Scholars Committee
University of Massachusetts
Office of the President
225 Franklin Street, 12th Floor
Boston, MA 02110
Fax: (617) 287-7044

This form may be photocopied.

