



Presidential and Presidential Plus Scholarship

Counselor, Teacher or Administrator Nomination Form Deadline for nomination: March 1 for Fall Semester

Student completes the fol	lowing section	1:				
Student's Name Last		First		Date of Birth (MM/DD/YYY)		
Address						
Number & Stree	t, P.O. Box	City		State	Zip code	
Student's Telephone ()		E-Mail				_
If offered the Presidential Plu student to claim an exemption						
Please answer the following	: If offered the P	Presidential Plus S	Scholarship	(On-campus H	ousing require), wo	uld yo
be willing to live on-campus?	Ye	sNo				
********	******	******	*****	******	*****	
Selection Criteria						
2. Must be able to meet all gener3. Must enroll as a full time stude4. Must possess an outstanding aEligibility Information:	ent.	•	•	ce prior to the sta	t of the fall semester.	
An official high school transcri	pt must be submi	itted with this app	lication to t	he Office of Adn	nissions.	
Rank in Class: Number	out of	gradı	iates.			
Grade Point Average						
If available, give highest ACT	Γ/SAT cumulativ	ve test score: AC	Γ	_SAT		
Name of High School and Cit	ty					
List outstanding achievement	s and awards rec	eeived:				
Anticipated course of study						
The above named student meets Presidential Scholarship.	all criteria specifie	ed and is hereby no	minated for o	consideration of t	ne UTPB Partners Fur	nd
Name	Title	Scho	ol	Phone 1	Number	Date

This nomination form must be signed and returned to the UTPB Office of Admissions by the Counselor, Teacher or Administrator nominating the above named student.