

Chapter Nomination Form

(Please type or print)

Nominations are accepted from September 1 through December 1. They must be postmarked no later than December 1. Include with the nomination form a one page letter detailing the chapter's knowledge of the nominee. Send by mail, email or fax to:

**P.E.O. Scholar Awards
P.E.O. Executive Office
3700 Grand Avenue
Des Moines, IA 50312-2899
psa@peodsm.org
fax: 515-255-3820**

Chapter _____ City _____ State/Province/District _____

makes the following nomination for the P.E.O. Scholar Awards:

Name: _____

Address: _____

Email Address(es): _____

(required) _____ (Application will be sent via email)

Type of Degree Pursuing: (Ph.D., M.D., D.V.M., etc.) _____

Date Degree Expected: _____

(month)

(year)

Chapter _____ **is satisfied that this candidate meets the criteria**

for eligibility and voted (a majority voice vote) to nominate this

candidate at a meeting held on: _____ .

(date)

President: _____

Address: _____

Telephone: () _____ **Email:** _____

Return completed form and chapter letter postmarked no later than December 1.