

2018 CCEA Scholarship Nomination Form

STUDENT NOMINEE INFORMATION

Name	<input type="text"/>	Student #	<input type="text"/>
Address	<input type="text"/>		
City, State, Zip Code	<input type="text"/>		
Home Phone	<input type="text"/>	Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>
School	<input type="text"/>	School Phone #	<input type="text"/>
Date of Graduation	<input type="text"/>	Student Teacher/Internship	<input type="text"/>
Name of Relative who is a CCEA Member	<input type="text"/>	Relationship	<input type="text"/>

Article 1-11: The term "Immediate Family" ... shall mean mother, father, husband, wife, son, daughter, brother, sister, mother-in-law, father-in-law, foster child, step child, step parent, or any person living in the immediate household of the employee, grandmother, grandfather, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, and foster parent.

Scholarship funds must be used by October 31, 2020

MEMBER NOMINATOR INFORMATION

Name	<input type="text"/>	S.S. # (last 4 numbers acceptable)	<input type="text"/>
Address	<input type="text"/>		
City, State, Zip Code	<input type="text"/>		
Home Phone	<input type="text"/>	Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>
School	<input type="text"/>	School Phone #	<input type="text"/>

Nomination forms must be received by

5:00 p.m. - Friday, March 9, 2018

*****There will be no exceptions*****

Please return this completed form to:

CCEA, Attn: **Angela Ammons**, 4230 McLeod Dr., Las Vegas, NV 89121