

“I Dare You!” Leadership Award

Nomination Form

THIS FORM IS DUE TO THE EXTENSION OFFICE BY October 1

Name: _____ Age: _____

Address _____ City: _____ State: _____ Zip: _____

Birth Date: _____

1. Please state why you would like to be considered for this award.

2. Please describe your leadership qualities.

Other requirements needed to receive the award:

Enrolled in the Leadership Project _____

Completed a Leadership KAP for this year _____

Member's Signature _____ Date: _____