

State Legislator Nomination Form

I do hereby nominate:		for UNG's Military Scholarship.	
(Please print scholarship applicant's full name)			
State Legislator's Name (Please Print)		State Legislator's Signature	Date
GA Congressional District	Legislator's District	State Legislator's Contact	<u>Information</u>
	Email address:		
Address:			
Personal Recommendation Comments:			

If you need this document in another format, please contact Whitney Mansfeldt at UNGMS@ung.edu or (706) 867-2918. Please send completed forms to ungms@ung.edu and to the scholarship applicant for their personal records.