



## 2024 ALTERNATE NOMINATION

### Student Information

First Name

Last Name

Gender

Email

Phone

Home Address

City, State Zip

County

School

### Parent/Guardian Information

First Name

Last Name

Email

Phone

Home Address (if different from above)

### Nominator Information

Name

Signature

***NOTE: If you have filled out this form electronically, once completed, you must hit save. Rename and save it to your computer before printing it out or [emailing](#).***