FLORA ROBERTS AWARD G. A. ROSS AWARD

| Full Name of Nominee: | |
|---|---|
| School and Major of Nominee: Please comment on the following chamay be added): | naracteristics of the nominee (additional pages |
| SCHOLARSHIP: | |
| | |
| | |
| LEADERSHIP: | |
| | |
| | |
| SERVICE: | |
| | |
| | |
| CHARACTER: | |
| | |
| | |
| | |
| Nominator's Name (please print) | Nominator's Signature |
| Campus Address & Phone Number | School and Department |

You may include no more than three letters of support for the nomination. Upon completion, return this nomination form to: Betsy Smithka, ODOS, SCHL All nomination forms must be received by 5:00 p.m. on **February 1, 2008**.