

STUDENT NOMINATION SLIP

FOR POTENTIAL PARTICIPANTS IN
THE 'CHILDREN AT THE WELL' PROJECT
INTERFAITH STORY CIRCLE OF THE TRI-CITY AREA

To assemble our group of young people, we ask that teachers and administrators who will be participating in the teacher workshops nominate students whom they feel have potential as storytellers as well as sufficient maturity to commit to our project. Ideally, the students should be from grades six to nine

Please let the students' parents know that you are making this nomination. We ask that you secure their verbal consent to give us the contact information for the students.

Thanks very much for your assistance.

Please return forms ASAP to:

Gert Johnson

452 Wallace Rd.

Schenectady, NY 12304

grsjohnson@aol.com

Name of teacher nominating student: _____

School: _____

Name of student being nominated: _____

Male or female? _____

Age and grade level of student: _____

Have the student's parents been made aware of this nomination? _____

Have the parents given consent to have contact information made available to us? _____

If so, please enter contact information for student. We would especially appreciate an e-mail address, if possible.

E-mail address: _____

Snail Mail Address: _____

Phone number: _____

Please briefly describe the qualities you see in this student which led you to make this nomination.

