

**PRCA STUDENT SCHOLARSHIP
OFFICIAL NOMINATION FORM
NOMINATION DEADLINE: FRIDAY, JULY 7, 2006**

Student's name: _____

Student's school: _____

Student's email address: _____

Student's school address: _____

Phone: _____

Please check class status: Sophomore _____ Junior _____ Senior _____

Major: _____ Minor: _____

Student's signature: _____ Date: _____

This is to certify that _____ is currently a member in good standing of PRCA and our chapter. The applicant currently has an overall _____ grade point average on a _____ scale. The applicant currently has a _____ grade point average on a _____ scale in the major.

Faculty Advisor: _____ Date: _____

Signature: _____

Please return completed application form, transcript (unless sent directly by school), essay and letters of recommendation by Friday, July 7, 2006 to:

**Veronica Wilder
PRCA State Student Liaison
Crestwood Medical Center Marketing Department
One Hospital Drive
Huntsville, AL 35801**