

**A. ROSS SEAMAN MEMORIAL SCHOLARSHIP  
NOMINATION FORM**

**Name of Nominee:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Degree Program: Leisure Sciences:** \_\_\_\_\_

**Therapeutic Recreation:** \_\_\_\_\_

**Human Relations:** \_\_\_\_\_

**Certificate Program: Community Service** \_\_\_\_\_

**Family Life Education** \_\_\_\_\_

**Credits Completed:** \_\_\_\_\_

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**Name of Nominator:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_