



# Shining Star Nomination Form



## Nominating Teacher Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_

## Student Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School District \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Subject \_\_\_\_\_

## Nomination Information:

Academic Rating:

Prior:	Poor	-	Fair	-	Excellent
	1	2	3	4	5
Current:	Poor	-	Fair	-	Excellent
	1	2	3	4	5

Attendance Rating:

Prior:	Poor	-	Fair	-	Excellent
	1	2	3	4	5
Current:	Poor	-	Fair	-	Excellent
	1	2	3	4	5

Extra-Curricular Activities:

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How has the student improved and to what extent? (500 words or less)

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Mail to:  
 1052 Andrew Drive  
 West Chester, PA 19380  
 484-356-0400  
 Fax: 484-356-0403

**Due by 4/1/2010**



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