



GUARDIAN'S GIFT SCHOLARSHIP NOMINATION FORM

Your Name: _____ **Today's Date:** ____/____/____

Your Phone Number: () _____ - _____

Your Email Address: _____

Name of Nominee: _____ **(First & Last name)**

Nominee's DOB: ____/____/____

Nominee's Address:

Nominee's Phone Number: () _____ - _____

Nominee's E-mail: _____

Has the Nominee experienced a traumatic, sudden, or unexpected loss/death of a loved one?

- No
- Yes

If Yes, what type of loss did the Nominee experience? (check all that apply)

- Suicide
- Accidental death
- Murder
- Miscarriage
- Infant loss
- Other: _____

Was the Nominee present at the loss/death of a loved one?

- No
- Yes



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Why are you nominating this person for the Guardian's Gift Scholarship? Why does this nominee need/deserve the four free sessions provided by the Guardian's Gift Scholarship?

Twenty horizontal lines for writing the nomination.