

POST-SECONDARY RECOGNITION

Student/School Information				
Student Name:				
Student Mailing Address:				
Name of HPSD High School Student is Attending:				
Core Subjects and Marks				
Subject(s)	Teacher Awarded Mark	Diploma Exam Mark	Combined Mark	Course Completion Date
Name of post-secondary institution the student is attending: (Please provide validation of acceptance at the post-secondary institution)				
Application Deadline				
All applications must be received by the Director of Business by September 15 in the calendar year of eligibility.				
Award Presentation				
I would like the recognition to be presented to the student via: <input type="checkbox"/> Fall Awards Ceremony <input type="checkbox"/> Mail to the address above <input type="checkbox"/> Mail to a different address: _____ <input type="checkbox"/> Other: _____				
Nomination Information				
Nominated by (Please Print Your Name):				
Signature of Nominator:				
Date:				