Please mail to:
Christian Chamber of SW Florida, Inc.
2714 Oak Ridge Court, Suite 601
Fort Myers, FL 33901 239-481-1411
BY Thursday, January 7th, 2010

Student Nomination Form

This portion must be filled out by the student; if necessary, a parent/guardian may assist the student.

Name of Teacher	
School Name	
School Address	
School Phone	Principal of School
Subject or Grade Level Being Taught	Age of Student
Name of Student Nominating	Phone of Student Nominating

The thoughts expressed in this application are given of my own free will. I hereby give permission to use the enclosed information for the purpose of selecting the Golden Halo Recipient.

Student Signature_____ Date Signed _____

Questions to be answered by student. Please use this sheet.

1. What qualities about this teacher make him/her a role model for you?

2. Tell about a specific instance where you saw Jesus through your Teacher's example.

3. How has your teacher enhanced your faith?

4. How has your teacher enhanced your education?