

## **State Legislator Nomination Form**

I do hereby nominate:		for UNG's Military Scholarship.	
	(Please print scholar	rship applicant's full name)	
State Legislator's Name (Please Print)		State Legislator's Signature	Date
GA Congressional District	Legislator's District	State Legislator's Contact Information	
		Email address:	
		Address:	

## Personal Recommendation Comments:

*If you need this document in another format, please contact Whitney Mansfeldt at UNGMS@ung.edu or (706)* 867-2918. Please send completed forms to ungms@ung.edu and to the scholarship applicant for their personal records.