

**FOUNDERS AWARD NOMINATION FORM**  
**(Closing Date – February 23, 2017)**

*Applicant must be in the 9<sup>th</sup> grade in September 2016*  
*Seminars are held 3/4 times an academic year and service events are*  
*offered 2 times a year. Seminars are held in the Radnor area. (Public*  
*transportation is available.)*  
*Active Membership is strongly encouraged!*

APPLICANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL (Parents): \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

APPLICANT'S SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN (S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(If different from  
applicant)

**SECTIONS 1 THROUGH 5 TO BE COMPLETED BY THE APPLICANT**

1. **School Activities: List all your school activities for the last 2 years up to and including the current year.**

	<b>ACTIVITY/ POSITION HELD</b>
<b>2015-2016</b>	
<b>2014-2015</b>	

2. **Community Activities: List all your community activities outside of school for the last 2 years up to and including the current year.**

	<b>ACTIVITY/ POSITION HELD</b>
<b>2015-2016</b>	
<b>2014-2015</b>	

**3. Awards: List any awards received in the last 2 years. Include date.**

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**4. Other: Describe any other skills or interest not mentioned above i.e. jobs, athletics.**

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**5. Essay: Applicant, please attach a typed original essay (maximum of 500 words) on one of the following subjects:**

**Choice One**

**Please select a character from a book or play that you enjoy and discuss why you can relate to this character and what traits appeal to you.**

**Choice Two**

**If you could have lunch with anyone, living or dead, who would it be, and why?**

**SPONSOR'S RECOMMENDATION**  
**Must be completed by the school or organizational**  
**sponsor**

**The Founders award was established to recognize good citizenship,  
community spirit and leadership potential in young women.**

**Describe why this applicant should receive a Founders Award:**

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**Print Sponsor's Name/Title:** \_\_\_\_\_

**Sponsor's Signature:** \_\_\_\_\_

**School/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**How long have you known  
the applicant?** \_\_\_\_\_

**Principal's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Address (if different from above)**

\_\_\_\_\_

\_\_\_\_\_

**COMPLETED APPLICATION MUST BE RECEIVED BY**  
**FEBRUARY 23, 2017**

**The Emergency Aid of Pennsylvania Foundation, Inc.**  
**221 Conestoga Road #300 - Wayne, PA 19087**  
**Telephone: 610-225-0944**  
**Email—eapa@verizon.net**