ACADEMIC EXCELLENCE APPLICATION

Student Name:_____

School Name:_____

School Phone Number:_____

☐ **K-5** ☐ **6-8** ☐ **9-12** **Year(Grade Level):**_____

Name(s) of Nominating Person(s):_____

Why should this person be chosen as Student of the Month?

_____
_____
_____
_____
_____
_____
_____
_____
_____

Please include a student written (articulated) self-portrait/biography. (Hobbies, Interests, Grades/GPA, Attendance, Awards, Plans for the Future, Extracurricular Activities, or other personal information)

Guidelines: **(K-5 100+ words) (6-8 150+ words) (9-12 200+ Words)**

Send to: **Pokagon Band Department of Education**
58620 Sink Road
Dowagiac, MI 49047

Fax: 269-782-0985 **E-mail: connie.baber@pokagonband-nsn.gov**