



HOWARD & KARIN EVANS COLLEGE INCENTIVE PROGRAM
NOMINATION FORM

DUE MARCH 9, 2018

Program Purpose: To provide financial support, motivation and guidance to disadvantaged students who otherwise might not attend or complete college.

Person Completing this Form:

Name: _____ Email: _____ Phone: _____

School or Organization: _____

Position or Title: _____

Student Nominee:

Name _____ Email: _____ Phone: _____

Mailing Address _____

HS GPA (From Student Records or Student Reported): _____

I have informed the student that I am nominating him/her and he/she has expressed an interest in participating.

How have you determined that this student requires financial assistance in order to attend college?

Free or reduced lunch Household Income Conversation with student/parent Other (please explain below)

Why do you think this student is a good candidate for the program? Please include any indications that he or she, without our program, might not attend or complete college.

Please indicate by checking all applicable boxes which situations apply to the student you are nominating, and then explain in the space provided below:

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Currently or formerly in foster care | <input type="checkbox"/> Currently/formerly in continuation school or alternative education |
| <input type="checkbox"/> Currently or formerly homeless | <input type="checkbox"/> IEP/ learning disability |
| <input type="checkbox"/> English Language Learner | <input type="checkbox"/> First in family to attend college |
| <input type="checkbox"/> Transportation challenges/issues | <input type="checkbox"/> First in family to complete High School |
| <input type="checkbox"/> Physical or health challenge | <input type="checkbox"/> Unlikely to attend college |

Please expand on the above situations that apply to this student and provide any pertinent additional information.

Despite the challenges described above, do you believe your nominee could succeed as a student at MPC with the help of this program? Please explain.

Return completed forms to MPC Foundation by MARCH 9, 2018

Email to: MPCFoundationInfo@mpc.edu.

For questions please call Gina Bianchi at (831) 646-4086.

All Nomination Forms will be reviewed by an Advisory Group responsible for selecting program participants. You will be informed of the Advisory Group's decision by March 23, 2018.