



Warner School of Education Designated Leader Scholarship Nomination Form

Candidate's Name _____

Phone Number (____) ____ - ____ Email Address _____

School District _____

As the direct supervisor of the candidate, please express why you believe this individual has the potential to be an effective school building or district leader.

Nominator _____

Position/Title _____

Phone Number (____) ____ - ____ Email Address _____

Superintendent/Designee Endorsement

I endorse this nomination and will make a good faith effort to provide an appropriate internship experience for the nominated candidate in the second year of study.

Signature _____

Date _____

Please return completed form to:

The Margaret Warner Graduate School of Education
Office of Admissions
P.O. Box 270425
Rochester, NY 14627
Phone: 585-275-3950
Fax: 585-473-7598