



## Student Participation Nomination Form

First Name	Last Name		
Address			
City	State	NJ	Zip
DOB	Grade		
Parent/Guardian (Print Name)			
Email		Phone	
School	Website		
Parent Signature			
School Contact Name			
Email		Phone	
School Address			
City	State	NJ	Zip

### For the Student to Complete:

Describe an arts experience, (for example: seeing a play, a dance performance, music performance, art exhibit), that you couldn't stop thinking about and tell us why.

Who is a woman or girl that you know or a person in the news or pop culture that you feel is a great leader and why?