



GAIL BENJAMIN FELLOWSHIP

Nomination Form



DEADLINE: May 29, 2009

Applicant Qualifications:

- Must be female or minority working professionals at a CCA member college;
- Must obtain a written nomination from their college campus president;
- Must have a minimum of three years employment at their current career college;
- Must demonstrate financial need;
- Must demonstrate high potential, strong commitment to, and aptitude for longevity within the career college sector;
- Must demonstrate involvement through voluntary service to their career college and/or local community; and
- Must include a copy of their resumé or curriculum vitae with their application.

Imagine America Foundation responsibilities:

- Notifies applicant of approval his/her application.
- Award will be applied to seminar cost only, recipient must arrange for travel expenses.
- Award is nontransferable, nonnegotiable and nonrefundable.

Instructions

Please completely fill out the nomination form. Any nomination forms missing information will automatically be deemed ineligible. The “list of activities and programs,” “nominating statement from the campus president”, and “applicant statement of intent,” can be typed on separate documents. All parts of the application should be sent in together. Completed applications must be received by **May 29, 2009**, any applications received after this date will be deemed ineligible.

Applications can be submitted by emailing them to jennyf@imagine-america.org, faxed to 202.408.8102 to the attention of Jenny Faubert, or mail to:

Jenny Faubert
Imagine America Foundation
1101 Connecticut Ave. NW
Suite 901
Washington DC, 20036

If you have any questions, please visit the Imagine America Foundation’s web site www.imagine-america.org or contact Jenny Faubert at jennyf@imagine-america.org or 202.336.6743.



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Applicant's Name: _____

Applicant's Address: _____

City/State/Zip: _____

Phone #: _____ **Email Address:** _____

Applicant's years of employment at college: _____ **Position title:** _____

College: _____

College Address: _____

City: _____ **State:** _____ **Zip Code** _____

Campus President's Name: _____

Office Phone: _____ **Email Address:** _____

***Applicant Release**

I, _____ (print name), hereby grant to the Imagine America Foundation and its related and successor organizations the right to use my name, photograph along with information related to the *Imagine America* scholarship, award and fellowship programs, including information specifically identifying the career college I'm employed with, my employment title and position, and the location of that college, in any non-commercial manner including but not limited to reports, articles, submissions to Members of Congress, and advertisements in print, on the Internet, and in any other media.

Signed: _____ **Date:** _____

