



Youth Ambassador Summer Arabic Language Institute - Egypt

Student Nomination Form

I, Dr./Mr./Ms. _____ (name of nominator) *nominate*
Mr./Ms. _____ (name of student) *to be*
considered for the Summer Arabic Language Institute taking place in the summer of 2007.

NOMINATOR INFORMATION (please print) please note, nominators should not be a person related to the nominee

Nominator Name: _____
 Address: _____
 City, State, Zip _____
 Phone: () _____ Fax: () _____
 Email: _____
 Signature of Nominator: _____ Date: _____

Briefly describe how you know the nominee and those qualities which you believe will make this candidate a successful participant in this program:

NOMINEE INFORMATION (please print)

Name of Nominee: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ Fax: () _____
 Email: _____
 School nominee attends: _____ GPA: _____
 Signature of Nominee: _____ Date: _____

Date of Birth:(participants must between the ages of 15-17 years 11 months) _____

Nominee has already submitted a pre-application or an application to AFS.

RETURN THIS FORM by March 26 TO: Anna Sharp-Whitcomb, AFS Admissions Center by fax:503.419.9606 or e-mail to arabicsli@afs.org