**RECOMMENDATION SUBMITTED BY**

 **RELATIONSHIP TO STUDENT PHONE**

 **EMAIL**

 **STUDENT NAME CURRENT SCHOOL**

 **PARENT(S) NAME(S)**

 **HOME ADDRESS**

 **PHONE PARENT EMAIL**

**STUDENT ETHNICITY**

 Black/African American

 Asian/Pacific Islander

 Latina/Hispanic

 Native American/American Indian

 Multiracial

 Other:

#### Please explain why you are recommending this student for the Diversity Award at Nerinx Hall. You might describe her ability, work ethic, family situation, personality, etc. Please type your response.

**You may copy this form if you wish to Recommend more than one student.**

**Please return this form via email or mail by November 27, 2020.**

**Return via mail/email to:
Nerinx Hall**

**Attn: Diversity Award**

**530 E. Lockwood Avenue**

**Webster Groves, MO 63119**

**diverstiyaward@nerinxhs.org**