



# LITERACY 4 LIFE

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## 2014-15 Mentor Nomination Form

*Applications will be accepted through the end of the school year.*

Student Name & Grade \_\_\_\_\_ K 1 2 3 4 5 6 7 8  
Circle one

School Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Parent/Guardian Cell \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Nominee Name \_\_\_\_\_

Relation to Nominator (circle one): Teacher Coach Mentor Family Other

Nominee Address \_\_\_\_\_

Nominee Cell \_\_\_\_\_

Nominee email \_\_\_\_\_

Sport of Interest (circle one): Men's Basketball Women's Basketball Men's Lacrosse  
Women's Lacrosse Volleyball Other: \_\_\_\_\_

**Please attach your detailed letter of nomination to this form and mail to:**

**CWP-Fairfield / Fairfield University, DMH 220 / 1073 North Benson Road / Fairfield, CT 06824**

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