EDUCATION NOMINATION FORM

To assist designated agencies in making appropriate nominations by classification:

A. NOMINATING AGENCY: Regional or local education agencies, vocational education institutions, institutions of higher education, general organization of such Institutions

B. These Nominating Agencies may only nominate those representing: EDUCATION

RETURN TO: Denise Blystone (dblystone@lscog.org)
LSWDB Liaison
Lower Savannah Council of Governments
PO Box 850, Aiken, SC 29802-0850
Phone: (803) 508-7074

NOMINATING AGENCY: __________________________
{Educational Superintendent; Board Chair; VP}

Printed Name of Endorsee: __________________________
Endorsee’s Signature: __________________________
Date Signed: __________________________
Phone Number of Endorsee: __________________________

Nominee’s Information:

<table>
<thead>
<tr>
<th>Name, Home Address, Home Phone # &amp; Home E-Mail (if possible)</th>
<th>BUSINESS INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AGENCY NAME &amp; JOB TITLE</td>
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<td>BUSINESS MAILING ADDRESS</td>
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<td>BUSINESS PHONE #, FAX # &amp; E-MAIL</td>
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</tbody>
</table>

Name

Home Address

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