



The Elizabeth Hurlock Beckman Award Trust Nomination Application Form



Please visit our website for instructions on submitting this form and required attachments.
wellsfargo.com/privatefoundationgrants/beckman

Nominee

Full name: _____
Home street address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____
Primary Email: _____

Is the nominee a United States citizen or a United States permanent resident alien?*

**Only United States citizens or United States permanent resident aliens are eligible.*

YES

NO

Former Student

Full name: _____
Home street address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____
Primary Email: _____

Former Student's school information

What is the name of the post-secondary school where the former student was taught by the nominee?

Where in the United States is the school located (city, state)? _____

Under which category does the school fall? (Choose one)

College

University

Junior
College

Community
College

Technical
School

When was the former student taught by the nominee? _____

Which academic class or research discipline was the former student taught by the nominee?
(Choose one)

Psychology

Medical

Law

Other: _____

Former Student's organization, concept, procedure, or movement

What is the name of the former student's organization, concept, procedure, or movement?

When was the former student's organization, concept, procedure, or movement established?
(Examples: Nonprofit organization established on 1/1/1990, Patent awarded by the United States Patent and Trademark Office on 1/1/1980)

Which of the following did the nominee inspire the former student to do? (Choose one)

Create an organization that has demonstrably conferred a benefit on the community at large.

Establish on a lasting basis a concept, procedure, or movement of comparable benefit to the community at large.

Geographic areas served by or benefiting from the former student's organization, concept, procedure, or movement:

Population served by or benefiting from the former student's organization, concept, procedure, or movement:

Nominator (if other than the Former Student)

Full name: _____

Home street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Primary Email: _____

I certify that the information on this nomination form is true and correct to the best of my knowledge.

Nominator's signature

Date