

AGS School Nominations Checklist

Completed _____

Due Date _____

Nominated Students

Student Name	Counselor Recommendation	Area I Choice(s)	Teacher Recommendation (one for each Area I selected)		Audition Video Uploaded (Area I Arts Only)
1 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
2 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
3 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
4 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
5 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
6 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
7 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
8 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
9 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
10 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
11 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
12 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
13 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
14 _____	Date Submitted _____	1st _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____
		2nd _____	Name _____	Date Submitted _____	<input type="checkbox"/> Reviewer _____

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Transcript (only needed for private, parochial, or homeschool officials)

Dropbox submission of student transcript(s): Date _____

Keep for your records

School Composite Information (submitted in one (1) online form for all nominated students)

School composite form information:

Junior class size: _____

Demographics (#): _____ Asian
_____ African American
_____ Hispanic
_____ Native American/Alaskan
_____ Native Hawaiian/Pacific Islander
_____ White
_____ Middle Eastern
_____ Two or More Races

Total # of nominated students: _____

Demographics (#): _____ Asian
_____ African American
_____ Hispanic
_____ Native American/Alaskan
_____ Native Hawaiian/Pacific Islander
_____ White
_____ Middle Eastern
_____ Two or More Races

Online composite form submitted: Date _____

Keep for your records