

Marshall Memorial Fellowship Greek Nomination Form

Please return completed form by **August 31, 2012** to Elizabeth Phocas at elizabeth@eliamep.gr
ELIAMEP

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| Work Phone: | | Home Phone: | | Cell Phone: | |
| Preferred email: | | Alternate email: | | | |

Please describe how the candidate is an emerging professional and community leader and how he/she will both contribute to and benefit from the Marshall Memorial Fellowship program experience and alumni network.

All professional and community leaders as well as MMF alumni are eligible to nominate. Nominators should be in a position senior to the candidate and able to evaluate the candidate's leadership potential. Candidate family members, MMF selection partners, current MMF selection committee members, and GMF staff may not serve as nominators. Candidates may not self-nominate. Please note that nominators should only nominate one candidate each year; may not also submit a letter of recommendation for the candidate, and should not apply in the same year.

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|-----------------|--|----------|--|----------------------------|--|
| Nominator Name: | | Title: | | | |
| Employer: | | Address: | | | |
| Phone: | | Email: | | Relationship to Candidate: | |

By my signature below I certify that, to the best of my knowledge, the information provided on this form is accurate and complete.

Signature

Date

