



# TEXAS MIGRANT INTERSTATE PROGRAM

## EXEMPLARY MIGRANT STUDENT 2014 HIGH SCHOOL SENIOR NOMINATION FORM

(956) 702-6047 • 1-800-292-7006 • Fax (956) 702-6058

[www.psjaisd.us/tmip](http://www.psjaisd.us/tmip)

[tmip@sbcglobal.net](mailto:tmip@sbcglobal.net)

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### Criteria For Selection

Nominee must be eligible for current year graduation from the school district that is submitting his/her name. Student must have made a qualifying move while in high school. (Grades 9-12)

#### CRITERIA FOR SELECTION OF EXEMPLARY MIGRANT STUDENTS

Each counselor may submit up to 5 student names with the following criteria: (Do not duplicate names)

1. 90 or above average
2. A 2014, (not 2015) graduate
3. Student must have current and valid COE
4. DEADLINE: FRIDAY, MAY 2, 2014

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### Instructions

Feel free to make additional copies of this form. The information and the photo provided will be used strictly for educational purposes.

This form should be filled out as thoroughly as possible. It is suggested that the high school student nomination be made by a high school counselor and that he/she assists the student in completing this form with appropriate information that may be published and read by the public.

**NOTE: This information is used to create the student profile that will appear in the 2014 Exemplary Migrant Student Publication**

Please include the following Required Documents with each **completed** nomination form:

- **Copy of latest *official* transcript**
- Sharp contrast cap & gown photograph
- No photos smaller than 2 1/2" X 3 1/2"
- Photos can be scanned and emailed from an original. **No photo copies.**  
Photos will be mailed back to students.
- Letter of Recommendation
- Copy of most current Certificate of Eligibility (COE)
- Attach a student résumé

Deadline for nomination is Friday, May 2, 2014

Please submit this form along with ALL required documents.

**NOTE: Nomination Form is not considered complete until all required documents are received.  
The students selected as honorees will be eligible to receive scholarships.**

Texas Migrant Interstate Program  
P.O. Box 1150  
Pharr, TX 78577

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Student's Legal Name (Please Print)

**Student Data**

(Please Type or Print Clearly)

**HIGH SCHOOL COUNSELOR SHOULD ASSIST NOMINEE IN FILLING OUT THIS FORM.**

Information provided below will appear in the Exemplary Migrant Student Publication as is.

Name: \_\_\_\_\_ Sex: F  M   
Last First MI

New Generation System Student Number (NGS): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Total number of children in family including nominee: \_\_\_\_\_

Parental information provided below will appear in the presentation as is.

Mother's Name: \_\_\_\_\_ ( ) Check if deceased

Father's Name: \_\_\_\_\_ ( ) Check if deceased

I \_\_\_\_\_ authorize the TMIP to use the information on this application for educational purposes.  
(Parent's/Guardian Signature)

Yo \_\_\_\_\_ autorizo al TMIP para que use la información en esta aplicación para propósitos educativos.  
(Firma del Padre o Guardián)

**Migrant Background** ( Please attach a separate sheet if needed.)

(Please Type or Print Clearly)

Will the family be migrating this summer? Yes | No | If yes, City: \_\_\_\_\_ State: \_\_\_\_\_

Please list the city/state(s) your family migrated to while you were in high school:

City	State	City	State

As a migrant student, what experiences/obstacles did you encounter during your high school years?  
(e.g., early withdrawal, late entry, financial/health related hardships, etc.) Attach a separate sheet if necessary.

\_\_\_\_\_

Number of years the applicant has worked in agriculture: \_\_\_\_\_

List all types of agricultural work done: \_\_\_\_\_

\_\_\_\_\_

(Please Type or Print Clearly)

What has been the hardest part of being a migrant? Attach a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**High School Accomplishments (No acronyms please - i.e. BPA: Business Professionals of America)**

List all Academic Achievements, minimum of 5 (awards, honors, college hours, scholarships, etc.) Attach a separate sheet if necessary. **Please rank your achievements in order of importance.** If space permits we will include all your achievements.

1. \_\_\_\_\_ 8. \_\_\_\_\_ 15. \_\_\_\_\_  
2. \_\_\_\_\_ 9. \_\_\_\_\_ 16. \_\_\_\_\_  
3. \_\_\_\_\_ 10. \_\_\_\_\_ 17. \_\_\_\_\_  
4. \_\_\_\_\_ 11. \_\_\_\_\_ 18. \_\_\_\_\_  
5. \_\_\_\_\_ 12. \_\_\_\_\_ 19. \_\_\_\_\_  
6. \_\_\_\_\_ 13. \_\_\_\_\_ 20. \_\_\_\_\_  
7. \_\_\_\_\_ 14. \_\_\_\_\_ 21. \_\_\_\_\_

List all Extracurricular Activities minimum 5 (Sports, clubs and offices held, community or volunteer services, etc.) Use a separate sheet if necessary. **Please rank your achievements in order of importance.**

If space permits we will include all activities listed. NOTE: Include leadership positions, years of participation, etc.

1. \_\_\_\_\_ 5. \_\_\_\_\_ 9. \_\_\_\_\_  
2. \_\_\_\_\_ 6. \_\_\_\_\_ 10. \_\_\_\_\_  
3. \_\_\_\_\_ 7. \_\_\_\_\_ 11. \_\_\_\_\_  
4. \_\_\_\_\_ 8. \_\_\_\_\_ 12. \_\_\_\_\_

**Future Plans**

(Please Type or Print Clearly)

University/College/ Trade School you plan to attend: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Where do you see yourself 5 years from now (Career goals)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Type or Print Clearly)

**Educational Information**

To be completed by the Counselor

Anticipated Date of Graduation: \_\_\_\_\_

High School: \_\_\_\_\_ School District: \_\_\_\_\_

High School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Numerical High School Grade Point Average (GPA) Information (1-5 below are Required)

1. GPA (on 100 point scale): \_\_\_\_\_
2. Weighted Average ( if applicable) : \_\_\_\_\_
3. Date of Ranking: \_\_\_\_\_
4. Senior Class Ranking: \_\_\_\_\_
5. Number of Students in Graduating Class: \_\_\_\_\_

Graduation Plan: (Please Circle One)

Minimum High School Program

Recommended High School Program

Distinguished Achievement Program

Foundation High School Program Endorsement #1: \_\_\_\_\_ Endorsement #2 \_\_\_\_\_

Counselor's Name (Please Print): \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

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**TMIP Office Use Only**

Date: \_\_\_\_\_ Application #: \_\_\_\_\_ Region: \_\_\_\_\_

Picture (s) Received on: \_\_\_\_\_ COE Received on: \_\_\_\_\_ Official Transcript Received on: \_\_\_\_\_

Review Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_