



# METHODIST UNIVERSITY

## Center for Entrepreneurship

### STUDENT NOMINATION FORM

#### *I would like to nominate*

• Student's full name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Tel. \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

• Student's full name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Tel. \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

• Student's full name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Tel. \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### *for the Quantum Leap Initiative.*

Nominator's Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

Company/Organization \_\_\_\_\_

E-mail Address \_\_\_\_\_

*Please fax, mail, or e-mail nomination form to:  
Methodist University Center for Entrepreneurship  
5400 Ramsey Street, Fayetteville, NC 28311-1498  
Tel: 910.630.7642 ▪ Fax: 910.630.7657 ▪ E-mail [cfe@methodist.edu](mailto:cfe@methodist.edu)*