BEARD CENTER ON AGING AT THE UNIVERSITY OF LYNCHBURG

# *2019 Heritage Green Assisted Living Gerontology Award*
# *STUDENT INFORMATION FORM "A"*

*(To be completed by the student)*

Student Nominee: _____
First Middle Initial Last

Undergraduate Student: _____ Graduate Student: _____
Class of: 2019 _____ 2020_____ 2021 _____ 2022_____
Major: _____
Cumulative GPA: _____

Best Daytime Phone Number: _____
E-mail address: _____

1. Description of project/work. Please be specific and include your role in the project and actual duties or activities performed, and/or submit a copy of the completed paper or project, etc. **On a separate piece of paper please answer questions 3 & 4 & add any additional information for question 1.** (*Note: The more information we have about what you did and your time commitment, the better we are able to consider your nomination)*

| Event/Activity | Dates | Facility | Time Spent | Job Responsibilities |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

2. Total amount of time (in hours) spent on project(s): _____

3. What I learned from these projects:

4. How these experiences will help me in the future:

Please complete and return this form to Beard Center on Aging via campus mail, fax (544-8580), e-mail (beardcenter@lynchburg.edu) or mail form to Beard Center on Aging, 1501 Lakeside Dr. Lynchburg, VA 24501 by **March 7, 2019**