



# OLI

## Outdoor Leadership Institute

### Nominator Information:

Relationship To Student: \_\_\_\_\_ Organization/School : \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Nominee Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Parent's Name(s): \_\_\_\_\_ Parent's Phone # : \_\_\_\_\_

Parent's Email Address(s): \_\_\_\_\_

**How long have you known the nominee and in what capacity? Also, please feel free to share any additional information that you would like us to know about this nominee.**

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**Please list activities with which the nominee is involved both in school and outside of school.**

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**Why do you want this nominee to participate in the program? What benefits do you see for the nominee?**

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**Will you encourage the nominee to participate and also stay committed to completing the program? If so, how?**

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**How did you hear about Blue Sky's OLI Program?**

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**Any comments or questions?** *Please Contact the Adventure Programs Manager - David Buenrostro - [adventure@blueskyfund.org](mailto:adventure@blueskyfund.org), 804-495-1413*

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