



Attachment A3

2027 GOAL NOMINATION FORM

Student's Name: _____ ID #: _____

College: _____ County of Residence: _____

Program of Study: _____ Entry Date: _____

Date of Graduation: _____ Cell Phone Number: (____) _____

Student's College Email: _____

Student's Personal Email: _____

ELIGIBILITY VERIFICATION:

Please indicate eligibility by checking **YES** or **NO** for each item:

YES	NO	
☐	☐	(1) Student recognizes technical education's critical impact on Georgia's economy, demonstrates strong work ethic, loyalty, and enthusiasm for promoting technical education.
☐	☐	(2) Student is in "good standing" as determined by the college and free of any BANNER "holds."
☐	☐	(3) Student will remain enrolled in the same program during all phases of the GOAL process (nomination, selection, and state-level competition).
☐	☐	(4) Student has a cumulative GPA of at least 3.0 ("B" average) and has completed at least 12 semester hours at the nominating college (must include most recent Fall semester).
☐	☐	(5) Student has a Work Ethics grade average of "2" or higher (if applicable). Mark NA if Work Ethics grades do not apply at your college.
☐	☐	(6) Student is at least 18 years of age, a U.S. citizen, holds a valid driver's license, and has car insurance (required if named state winner).
☐	☐	(7) Student is NOT a full-time employee of the college or system office.
☐	☐	(8) Student has no known history of acts involving dishonesty or moral turpitude.
☐	☐	(9) Student has not participated in regional or state-level GOAL competition before.

NOTE: Official transcript with Fall Semester grades must be attached.

INSTRUCTOR EVALUATION:

(Refer to Attachment D for Definitions of Traits)

Rate each trait on a scale of 1 (Low) to 5 (High):

Personal Traits:	Low				High
	1	2	3	4	5
Good Moral Character					
Attitude					
Attendance					
Leadership					
Personal Appearance					
Career Goals					
Commitment to / Knowledge of Occupation					
Extracurricular Activities					
Sub Totals					
Total Score (Max. 40 pts.)					

OTHER QUALIFICATIONS:

Nominating Instructor: Submit a **letter of recommendation** addressed to the college president (on college letterhead) describing why your outstanding student should be the State GOAL Winner to be included in the winner's information folders. (Refer to p.12)

Students: Submit Winner's Questionnaire and bio to college coordinator. Coordinator should include bio in the Winner's Information Folders, and the questionnaire should be saved to the official OneDrive folder. (See Attachments B1 and B2 for guidelines.)

NOMINATION VERIFICATION: I hereby nominate the above-named student as a GOAL candidate.

Nominating Instructor's Name (Print): _____

Nominating Instructor's Signature: _____

Email: _____ **Date:** ____ / ____ /20__

COLLEGE CERTIFICATION: (To be completed by the administrative office or president's office. The GOAL Coordinator **should not** sign this section, even if eligible).

I certify that the above student is in good standing with this college and meets all eligibility requirements of the GOAL program.

Name: _____ **Title:** _____

Email: _____

Signature: _____

GOAL COORDINATOR SECTION:

GOAL Coordinator: _____ **Date & Time Received:** _____