

“A Taste of Pi” Nomination Form

Please complete and fax to 778.782.4947 attention: Malgorzata Dubiel

Deadline: October 1st, 2010

Student Last Name: _____

First Name: _____

Home Address: _____

Telephone #: _____

Email (if available): _____

School Name: _____

School Address: _____

Telephone #: _____

Fax #: _____

Math Teacher: _____

Email: _____

Student's current grade level: _____

Average mathematics mark: _____ **Overall average:** _____

Has the student competed in any mathematic competitions: yes: ☐ no: ☐

If yes which ones and what were the results: _____

Reasons why you think the above student would benefit from participating in “A Taste of Pi”

Signature: _____

Date: _____

PLEASE TYPE OR PRINT CLEARLY!