



STUDENT AWARD PROGRAM NOMINATION FORM

Date: _____

Submit the name of your most outstanding student. We will send a certificate of recognition, a complimentary MARSHALLTOWN trowel, and a MARSHALLTOWN cap. Please fill in all the blanks. **Please print or type.**

Instructor's Name: _____

School Name: _____

Shipping Address: _____
(We cannot ship to a PO Box)

Mailing Address (if different): _____

City, State, Zip: _____

Phone: _____

Fax: _____

Student's Name: _____
(As it will appear on the certificate. Please print)

Part Number of Trowel (if known): _____

Trowel Type: Brick Concrete Other (specify) _____
(plastering, drywall, tile, etc)

Blade size: _____ Blade Pattern: _____
(9,9.5,10,10.5,11,11.5,12,13) or (Length and Width) (Philadelphia, London, Wide London)

Handle Style: _____ Handle Type: _____
(Straight or Curved) (Wood, Plastic, Leather or DuraSoft®)

Send, e-mail, or fax Nomination to:
Marshalltown Company
Tools For Schools
104 South 8th Avenue
Marshalltown, Iowa 50158
Fax: (800) 477-6341
Attn: Kim Haley, Marketing Administrator
kimh@marshalltown.com