

STUDENT AWARD PROGRAM NOMINATION FORM

Submit the name of your most outstanding student and we will send them a certificate of recognition, a complimentary MARSHALLTOWN trowel, and a MARSHALLTOWN cap. Please fill in all the blanks. A PDF version is available at MARSHALLTOWN.com/education. **Please print.**

Instructor's Name: _____

School Name: _____

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

Mailing Address: _____
(If different)

City, State, Zip: _____

Students Name: _____
(As it will appear on the certificate. Please print.)

Part # 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 & Width) *(Philadelphia, London, Wide London)*

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



EMAIL OR FAX NOMINATION TO:

 kimh@marshalltown.com  (800) 477-6341
Attn: Kim Haley, Tools For Schools Administrator