

## Voter Registration "Key" Award

SCHOOL INFORMATION	
Name:	Address:
Principal Name:	Phone/Email:
Primary Contact	
Name:	
Phone/Email:	
Information:	
Number of Students in Graduating Class:	
Number of Students Registered to Vote:	
Student Ambassador Nominations (limit 2):	
Additional Comments	
AGREEMENT  I confirm that the information provides	d is accurate and true to the best of my
knowledge.	a is accurate and true to the best of my
	Signature

Maryland State Board of Elections morgan.rhoden@maryland.gov 151 West Street, Suite 200, Annapolis, MD 21401