

## NOMINATION FORM FOR YOUNG ARTIST SPOTLIGHT

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher(s) first & last name: \_\_\_\_\_

Student's favourite kind of art: \_\_\_\_\_

Student's favourite artist: \_\_\_\_\_

Please use this space to write a few sentences on the student's artistic strengths.  
Consider how the student expresses, responds or communicates through art. Also,  
include comments on their application of skills and strategies.

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Teacher's e-mail address: \_\_\_\_\_