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|  | LEAP Form |

# Local Evaluation Appeals Panel Member Nomination Form

## Information

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| --- | --- | --- | --- | --- |
| Name: | |  | | |
| School/Worksite Location: | | |  | |
|  |  | | |
|  |  | | |
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Optional Resume: (Explain reason for running/background of experience)

***50 Word Limit***