



**2024 New Jersey ACEP
Medical Student of the Year Award
Nomination Application**

1. Applicant Contact Information:

- First/Last Name: _____
- Phone Number: _____
- Email Address: _____

2. Nominee Contact Information:

- First/Last Name: _____
- Phone Number: _____
- Email Address: _____

3. Please submit a typed statement, in 500 words or less, stating why your nominee should receive this NJ-ACEP Award. Supplementary materials may be submitted along with this nomination.
