



Region Art Educator of the Year Award

Nomination Form

Please type or print legibly. To type into this form you may click in the highlighted fields, type your information, and print the completed form for mailing. Be sure to print before exiting the form; you will not be able to save changes you make to this PDF form.

Nomination Information (to be completed by nominator)

NOMINEE	PRINCIPAL
---------	-----------

Name of Nominee
Address Line 1
Address Line 2 (if any)
City, State, Zip
Phone
E-Mail

Principal (or College Department Chair)
School
School Address Line 1
School Address Line 2 (if any)
City, State, Zip
E-mail

SUPERINTENDENT	NOMINATOR
----------------	-----------

Superintendent (or College Dean)
School District (or College/University)
Address Line 1
Address Line 2 (if any)
City, State, Zip
E-Mail

Name of Nominator
Address Line 1
Address Line 2 (if any)
City, State, Zip
Phone
E-mail

Checklist of Requirements (to be completed by Region Chair)

- | | |
|--|--|
| <input type="checkbox"/> Nominee is a member in good standing | <input type="checkbox"/> Signature of Region Chair (see below) |
| <input type="checkbox"/> Nominator is a member in good standing | <input type="checkbox"/> All materials submitted to Region Chair by May 1 |
| <input type="checkbox"/> Completed nomination form | <input type="checkbox"/> All materials submitted to State Awards Chair by June 1 |
| <input type="checkbox"/> Letter from nominator with rationale for nomination | |
| <input type="checkbox"/> Two additional letters of recommendation | |
| <input type="checkbox"/> Nominee resume (not to exceed three pages) | |

Signature of Region Chair

Region

Date
