



Special Citation Member 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 in case you have trouble saving changes you make to this PDF form.

Nomination Information (to be completed by nominator)

NOMINEE	PRINCIPAL
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Name of Nominee	
Address Line 1	
Address Line 2 (if any)	
City, State, Zip	
Phone	Region
Primary Email	Alternate Email

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

SUPERINTENDENT	NOMINATOR
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Superintendent, College Dean, or Supervisor
School District /or College/University/Business
Address Line 1
Address Line 2 (if any)
City, State, Zip
Email

Name of Nominator	
Address Line 1	
Address Line 2 (if any)	
City, State, Zip	
Phone	
Primary Email	Alternate Email

Checklist of Requirements (to be completed by Awards Chair)

- | | |
|--|--|
| <input type="checkbox"/> Member in good standing expiration date _____ | <input type="checkbox"/> All materials submitted to State Awards Chair by May 1 (contact information available at www.nysata.org/awards) |
| <input type="checkbox"/> Completed nomination form | <input type="checkbox"/> Materials incomplete |
| <input type="checkbox"/> Letter from nominator with rationale for nomination | <input type="checkbox"/> Materials complete |
| <input type="checkbox"/> Two additional letters of recommendation | |
| <input type="checkbox"/> NYSATA Standardized Vita completed | |

Reviewed by _____ Date: _____