

Award Nominee Information

All candidates *must* complete and return this form. Please include a recent photo (head shot). **The photo and information will be used for publicity.**

Nominated for _____ Award

Name _____ Title _____

Retirees should complete this section using their last position.

School District _____

School _____ ES MS HS

School Address _____

Work Phone _____ Home Phone _____

Email _____

Total Years in Education _____ Total Years as an Administrator _____ Total Years in Present Position _____

SCHOOL DEMOGRAPHICS (current school/district)

Enrollment _____ Grades _____ Urban Suburban Rural

Superintendent _____ Phone _____

Email _____

POSITIONS/TITLES HELD IN EDUCATION

Years

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

School	Degree	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL ASSOCIATION MEMBERSHIP(S)

Association	Office Held (not required)	Dates
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

COMMUNITY INVOLVEMENT

Group/Organization	Office Held (not required)	Dates
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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AWARDS/HONORS

Name of Award/Honor	Organization	Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Please provide a brief quote (1-2 sentences only) summarizing your educational philosophy or a statement regarding your experiences as an administrator. **All information may be used for publicity purposes if you are selected as an award recipient.**

Please, don't forget to include your photo!

Award Nominator Request for Information

Nominators are asked to complete this form and return to Harriet Ostrander at SAANYS via fax at (518) 782-9552 or by mail to SAANYS, Harriet Ostrander, 8 Airport Park Blvd., Latham, NY 12110.

Please check the award for which you are submitting a nomination:

- | | | |
|---|--|--|
| <input type="checkbox"/> James E. Allen | <input type="checkbox"/> T. Walsh McQuillan | <input type="checkbox"/> Outstanding Educator |
| <input type="checkbox"/> Leadership and Support | <input type="checkbox"/> K-12 Building Principal | <input type="checkbox"/> Irving Schwartz Distinguished Retiree |
| <input type="checkbox"/> Elementary Principal | <input type="checkbox"/> Middle School Principal (NAESP) | <input type="checkbox"/> High School Principal |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Middle School Principal (NASSP) | |

NOMINATOR (If self-nomination, go to Nominee section)

Name _____ Title _____

School District _____

School _____ ES MS HS

School Address _____

Work Phone _____ Home Phone _____

Email _____

Relationship to nominee _____

Years you have worked with nominee _____

Please provide a brief quote (1-2 sentences only), from you, regarding this nominee. **All information may be used for publicity purposes if this nominee is selected as an award recipient. Return of this form is an indication of permission to use same.**

NOMINEE (✓ if self-nomination)

Name _____ Title _____

School District _____

School _____ ES MS HS

School Address _____

Work Phone _____ Home Phone _____

Email _____

INSTRUCTIONS: Please attach documentation in support of your nominee which demonstrates his/her qualifications, based on the criteria established for the chosen award (see <http://www.saany.org/newsroom/awards>). You may include additional evidence, e.g. newspaper articles, published works, testimonials, resumes, etc. which further support your nomination.