

**AWARD NOMINATION FORM**

**Please mark the appropriate award; fill out a separate sheet for each award.**

**Awards:**

\_\_\_\_ Outstanding School Administrator Award

\_\_\_\_ Outstanding Chapter Advocate Award

\_\_\_\_ Outstanding Publication Award

\_\_\_\_ Outstanding Audio Broadcast Award

\_\_\_\_ Outstanding Television Station Award

\_\_\_\_ Outstanding Chapter Publicity Award

**Award Recipient Information**

*(If award is for multiple teachers please fill out separate sheet for each.)*

|  |  |
| --- | --- |
| Recipient Name: Click or tap here to enter text. | Area: Click or tap here to enter text. |
| School:Click or tap here to enter text. | Business:Click or tap here to enter text. |
| Recipient Address:Click or tap here to enter text. | City/State/Zip:Click or tap here to enter text. |
| E-mail Address:Click or tap here to enter text. | Phone:Click or tap here to enter text. |

**Nominator Information**

*(Must be a VATAT member to nominate; you may nominate yourself)*

|  |  |
| --- | --- |
| Nominator Name: Click or tap here to enter text. | Area: Click or tap here to enter text. |
| School:Click or tap here to enter text. | Business:Click or tap here to enter text. |
| Nominator Address:Click or tap here to enter text. | City/State/Zip:Click or tap here to enter text. |
| E-mail Address:Click or tap here to enter text. | Phone:Click or tap here to enter text. |

## Statement of Nomination

On a separate page, please explain why the award recipient is deserving of this award, as stated on the nomination form.