

FORM A  
NOMINATION FORM  
OUTSTANDING SCHOOL SUPPORT EMPLOYEE AWARDS PROGRAM

This form is to be completed by the nominator to provide information on the nominee.

**Part I - General Information**

Nominee's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Telephone Number

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Telephone Number

Level for which nominated: \_\_\_\_\_

Elementary Jr. High High

Position: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
Telephone Number

Position: \_\_\_\_\_

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Part II:

Using the Guidelines for Selecting Candidates, list the factors that influenced you to nominate this person as The Outstanding School Support Employee. (ONE DOUBLE SPACED PAGE.)