

# Associate Principal of the Year Nomination Form

Please return to Jena Sebald at [jenasebald@awsa.org](mailto:jenasebald@awsa.org) by October 6, 2020

Nominee's Name *First, Middle Initial, Last*

Gender

- Female  
 Male

Nominee's Email Address

Nominee's Phone No. *Area Code/No.*

School and Grade Levels Served

Street Address

City

State

Zip

I am nominating the above individual because: *50 words or less*

Nominator's Name

Check  Student  Parent  Administrator  Teacher  
 Other *Identify* \_\_\_\_\_

Nominator's Signature



Date Signed *Mo./Day/Yr.*

Telephone No. *Area Code/No.*

Street Address

Nominator's Email Address

City

State

Zip