



MISSOURI SCHOOL SOCIAL WORKER OF THE YEAR OFFICIAL NOMINATION FORM

Name of Nominee: _____
Address: _____
Telephone: (home) _____ (work) _____
Email: _____

School District: _____ **Contact Person:** _____
Address: _____ Telephone: _____

Superintendent/Address _____
SSWAM Region (Map Attached) _____ **Present Position/ Years in Position** _____

Educational Background: Name of Institution/Degree/Year _____
Licensure/Certification: _____

Professional & Community Experience: Include service on committees, boards, task forces, projects (attach vita if available)

Presentations, publications, achievements, recognitions: _____

Professional Memberships:

Statement of Nomination: ** Please submit a summary (75 words or less) that may be read aloud at the banquet to honor your nominee. This should include the primary characteristics and contributions of the nominee.

Letters of Support: Additional letters of support from colleagues, administrators, community members, or others are encouraged. (Upon selection, these may be submitted to be included in a tribute book displayed at Midwest Council Conference and SSWAM's Recognition ceremony.)

Submit by June 1, 2011 to: Michael Adam, 4236 Chaste St., Florissant, MO 63034
or submit packet electronically to: madam@hazelwoodschools.org

This Nomination is submitted by: _____ **Date:** _____
Address: _____
Telephone/fax/email: _____

****REMINDER:** As this is an award is given by the School Social Work Association of Missouri, the nominee **must** be a member of our association. Verification inquiries regarding membership can also be directed to:
Michelle Watson, Membership Chair - mwatson_1922@hotmail.com