

2018 Nomination Form

Region Deadline _____

Every Student Succeeding Award Program

This form must be used to submit nominations. Nominations must be submitted to your region for selection.

STUDENT NOMINATED:

ACSA Region # (1-19) _____

Student Name		School	District
Current Grade	Gender	Ethnicity	High School Graduation/GED Year
Email (of student or parent/guardian)		Phone (of student or parent/guardian)	
Mailing Address of Student [required for state scholarship]		City, ST Zip	

NOMINATED BY:

ACSA Member Submitting Nomination		Title	District
Email	Phone	School/District Facebook	School/District Twitter @

TEAM WHO SUPPORTED STUDENT AND ENABLED HIM/HER TO SUCCEED: (include job titles)

PLEASE RESPOND TO THE FOLLOWING ESSAY QUESTIONS, USING THE ATTACHED PAGES:

1. Why are you nominating this student?

(Tell us the success story in such a way that we get to know the individual and the team that supported him/her).

2. Describe how an ACSA member, along with their team, has contributed to this student's success, and the practices or programs the entire supporting team utilized which contributed to the student's success.

WAIVER

I hereby allow the name, school, district, grade, narrative of success attached to this nomination and images of this student to be used by ACSA for recognition and publicity purposes. This may include sharing with the news media, through ACSA's website and publications, and through social media channels, including YouTube, Facebook and Twitter.

Name (by entering your name, you are signing this waiver)	Relationship to Student	Date
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IF SUBMITTING ELECTRONICALLY, PLEASE ATTACH STUDENT PHOTO/PORTRAIT AS AN IMAGE FILE.

NOMINATIONS MUST BE SUBMITTED TO YOUR REGION. CHECK WITH REGION PRESIDENT FOR DUE DATE. REGION PRESIDENTS MUST FORWARD RECIPIENT INFORMATION TO STATE ACSA BY MARCH 2, 2018.

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