STATE COMMITTEE CHAIR RECOMMENDATION FORM

NOMINEE #1				
Name	_	Region		
Title	District		School	
Address				
(Street)		City)	(State) (Zip	
Telephone	Fax	E-mail_		
* Please be sure to check the appropri	_	e action:	Iale □ Fem	ale
Eskimo – American Indian	☐ Filipino	☐ Latino	tino Pacific	
TOMINEE #2				
NOMINEE #2		Region_		
NOMINEE #2 Name	District	Region	School_	
NOMINEE #2 Name	District(Region	School(State)	(Zip)
NOMINEE #2 Name	District(Fax ate box for affirmative Asian —	Region City) E-mail_ e action:	School(State) Female	(Zip)
NOMINEE #2 Name	District(Fax	Region City) E-mail_ e action:	School(State)	(Zip)
NOMINEE #2 Name	District	Region City) E-mail_ e action:	School(State) Female	(Zip)

STATE COMMITTEE CHAIR RECOMMENDATION FORM

OMINEE #3				
ame		Region		
tle	District		School	
ddress				
(Street)		(City)	(State)	(Zip)
elephone	Fax	E-m	ail	
Please be sure to check the appropr	iate box for affirmati	ve action: Male	□ Female	
African/American	☐ Asian	☐ Caucasian		
Eskimo – American Indian	☐ Filipino	☐ Latino	☐ Pacific Islander	
MMENTS:				
OMMENTS:				
OMINEE #4				
OMINEE #4		_ Region		
OMMENTS: OMINEE #4 ame tleddress	District	_ Region	School	
DMINEE #4 me	District_	_ Region		
OMINEE #4 ametletddress	District_	Region(City)	School	(Zip)
OMINEE #4 ame ttle ddress(Street)	District	(City)	School(State)	(Zip)