



**AWARDS NOMINATION FORM**

*(Circle the award you are nominating an individual for.)*

*Distinguished Service Award      Friend of THE COUNCIL Award      Appreciation Award*

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

Nominee's School District or Organization: \_\_\_\_\_

Statement pertaining to why this individual is qualified or deserving of this award.  
*(Please use additional paper if needed)*

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Your Name: (Dr., Mr., Mrs., Ms.) \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

***Refer to Awards' Overview for specific nomination deadlines.***

**Please fax form to (518) 426-2229 or scan and email to [deidre@nyscoss.org](mailto:deidre@nyscoss.org).**

**Contact Deidre Hungerford, Assistant Director for Business Development, at [deidre@nyscoss.org](mailto:deidre@nyscoss.org) or call (518) 694-4885 with questions.**