



NOMINATION FORM FOR PENNSYLVANIA'S 2019-20 NATIONAL OUTSTANDING ASSISTANT PRINCIPAL PROGRAM



TO SUBMIT THIS FORM, NOMINEE MUST:

- **HAVE A CURRENT MEMBERSHIP (ELEMENTARY DIVISION) IN PA PRINCIPALS ASSOCIATION & NAESP**
- **HAVE COMPLETED AT LEAST TWO (2) CONSECUTIVE YEARS AS AN ACTIVE ASSISTANT PRINCIPAL (PreK – 8)**

I wish to nominate: _____
for PA's National Outstanding Assistant Principal Program.

Nominee's School District: _____

Nominee's School: _____

Nominee's School Address: _____

Nominee's School Phone Number.: _____

Nominee's Email Address: _____

Total Number of Years as an Elementary Assistant Principal: _____
No.

If known to you:

Nominee's Home Address: _____

Nominee's Home Phone No.: _____

For Superintendent: I agree to permit the nominee should he/she be selected as the NOAP to serve on future selection committees.
Superintendent's Signature: _____
Superintendent's typed name acts as authorized signature

About the Nominator:

Your Name: _____

Address: _____

Phone No.: _____

Email: _____

Relationship to Nominee: _____

Nominator's Signature: _____

DEADLINE EXTENDED – **Friday, January 17, 2020.** Please email this completed Nomination Form to:
Anita Quagliani at quagliani@paprincipals.org.