



# NOMINATION FORM FOR PENNSYLVANIA'S 2024-25 NATIONAL OUTSTANDING ASSISTANT PRINCIPAL PROGRAM



**TO SUBMIT THIS FORM, NOMINEE MUST:**

- **BE NOMINATED BY SOMEONE OTHER THAN HIMSELF/HERSELF**
- **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 –** **Friday, October 11, 2024. Please email this completed Nomination Form to: Julie Sunday at [sunday@papprincipals.org](mailto:sunday@papprincipals.org)**