

NSEA Awards Application Form

Title of Award: _____

Name of Nominee: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

School Site and Phone: _____

Occupation: _____

NSEA Local Affiliate: _____

If chosen, will this nominee be a delegate to the 2024 NSEA Delegate Assembly in Mesquite, Nevada on April 20-21, 2024, to accept his or her award? _____ Yes _____ No

Individual Submitting Nomination: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____

School Site and Phone: _____

Occupation: _____