**2019 MSEA Minority Affairs Committee**

**Minority Recognition Awards Program Nomination Form**

# Date:

**Award Sought: (please check one)**

|  |  |
| --- | --- |
| **Community** **[ ]** **Leadership** **[ ]** **Politics** **[ ]**  | **Student** **[ ]** **(must be an active MSEA/NEA member)****Education** **[ ]** **(must be an active MSEA/NEA member)** |

**Candidate for Award:**

**NAME:**

**ADDRESS:**

**CITY:** **STATE:** **ZIP:**

**PHONE: (****)****E-MAIL:**

**POSITION/TITLE:**

***Signature of Nominee*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Nominator:**

**Home Address:**

**City/State/Zip:**

**PHONE: (     )      E-MAIL:**

**LOCAL AFFILIATE:**

***Signature of Nominator*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seconding the Nomination *(Four required seconders must be active or retired, including life members of***

***MSEA or MSEA-SP):***

**1. Name:**

**PHONE: (     )      E-MAIL:**

**LOCAL AFFILIATE: (if applicable)**

***Signature:***

**2. Name**

**PHONE: (     )      E-MAIL:**

**LOCAL AFFILIATE: (if applicable)**

***Signature:***

**3. Name:**

**PHONE: (     )      E-MAIL:**

**LOCAL AFFILIATE: (if applicable)**

***Signature:***

 **4. Name:**

**PHONE: (     )      E-MAIL:**

**LOCAL AFFILIATE: (if applicable)**

***Signature:***

**Please note the following:**

* Include a 100 word personal statement.
* Send original or high resolution digital photos. One photo only.\*\*
* Resumes will not be accepted.

*\*Portfolios will not be returned – photocopies are acceptable*

*\*\*Photos will not be returned*

* Completed nomination forms and supporting documents in a portfolio are to be mailed to MSEA headquarters and must be received no later than **November 10, 2018.**