

**NDHSAA
NOMINATION APPLICATION
for the
DISTINGUISHED SERVICE AWARD**

DISTINGUISHED SERVICE NOMINEE

(first - middle - last)

For Use By The Board of Directors	
App. No.	_____
- Date Action Taken -	
Elected	_____
Denied	_____
Held	_____
Inactive	_____

INSTRUCTIONS

All information requested on this form and the appropriate application section must be completed and sent to this office, along with letters of recommendation, for review by the Board of Directors for final selection. The deadline for accepting applications for awards is April 1. Nominees should have made a substantial impact on the activities program at the state level.

Include with this nomination a minimum of two (2) and a maximum of three (3) letters of recommendation, one of which shall include the endorsement of the submitting member school. In the interest of uniformity, please limit the letters to one typewritten page each. A limited number of newspaper clippings, magazine articles and other supportive materials may also be attached.

A photograph, 2 1/2 x 3 1/2, for possible publicity purposes should accompany this nomination.

All information submitted shall be retained by the Board of Directors of the North Dakota High School Activities Association.

Please type all information. Send to: **NDHSAA, BOX 817, VALLEY CITY, ND 58072**

Individual Submitting Nomination:

Name _____ Position _____

Name of School _____

Street Address _____

City, State, Zip Code _____

Signed _____ Date _____

DISTINGUISHED SERVICE NOMINEE

PLEASE CHECK APPROPRIATE CATEGORY:

- Administrator** _____
- Coach** _____
- Director** _____
- Board of Education** _____
- Contributor** _____
- Official** _____

(first - middle - last)

Current Address _____
(Street address - city, state, zip code)

Phone _____ Date of Birth _____
(Area Code, telephone number)

School Affiliation (if any) _____ City _____ State _____

Place of Birth _____ Date of Retirement _____

Is the nominee still active in any area of activities other than the category for which he/she is being nominated?
Yes _____ No _____

If yes, please explain _____

If Deceased, Date of Death _____ Name of Spouse _____
or closest Living Relative _____

Address _____

Phone _____

School Attended:	Year
<u>Name of School</u>	<u>Graduated</u>
<u>City and State</u>	<u>Degree</u>

High School: _____

College/University: _____

Post Graduate School: _____

_____ Small Photograph of Nominee Attached (to be used for news release)

_____ Letters of Endorsement and Recommendation Attached

_____ Newspaper and/or Other Supportive Material Attached