**OUTSTANDING SCHOOL SUPPORT EMPLOYEE AWARDS PROGRAM APPLICATION**

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| Part I – General Information |  |
| Nominee’s Name: |  |
| Home Address:(Include City, State, & Zip) |  |
| Parish |  |
| Telephone Number: | ( ) |
| School Name: |  |
| School Address:(Include City, State, & Zip) |  |
| Level for which nominated:(Please circle one) | Elementary Jr High High |
| Position: |  |
| Nominator’s Name: |  |
| School Address:(Include City, State, & Zip) |  |
| School Telephone Number: | ( ) |
| Position: |  |

This form is to be completed by the nominator to provide information on the nominee.

**PART II -** Using the Guideline for Selecting Candidates, list the factors that influenced you to nominate this person as The Outstanding Support Employee. Limit 1 page

**PART III** – Signatures

Superintendent/CEO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_