I.L.A.V.E.S.N.P.

Above and Beyond Awards

NOMINATION FORM

AWARD CATEGORY:

_____ Educator of the Year _____ Friend of I.L.A.V.E.S.N.P.

_____ Paraprofessional of the Year _____ Outstanding Administrative Support

NOMINATION INFORMATION:

Nomination submitted by: _____
(First) (Last)

Title/Position: _____ E-mail address: _____

Business Address: _____
(Street) (City) (State) (Zip)

Business Phone: _____ Business Fax: _____

Home Address: _____
(Street) (City) (State) (Zip)

Signature of Nominating Member: _____

NOMINEE INFORMATION:

Name of Nominee: _____
(First) (Last)

Business Address: _____
(Street) (City) (State) (Zip)

Business Phone: _____ Business Fax: _____

Home Address: _____
(Street) (City) (State) (Zip)

Nominee's Current Employer: _____

Nominee's Title/Position: _____

Number of years in position (if applicable): _____

Describe below in brief the activities of the nominee that you believe bring credit and positive attention to the field of career and technical education.

Mail the completed form to:
Billie Vaultonburg
Western Area Career System
c/o Spoon River College
23235 N. County 22
Canton, IL 61520

This form is **due** no later than **May 1, 2009**.

I.L.A.V.E.S.N.P.
Illinois Association of Vocational Education Special Needs Personnel
http://www.ilavesnp.net