

Nomination Form

2019 BCEA Gala Awards

Forms are due to the BCEA Office no later than Thursday, April 11, 2019

Name of Nominee: _____

(circle one) Student/Graduate BCEA Member Administrator Elected Official

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

For Student/Graduate only:

NJ Public School Attended: _____

For BCEA Member, Administrator, Elected Official only:

School/Worksite: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

For BCEA Member only: *(must be a NJEA member)*

Local Association: _____

Local President's/Officer's Signature: _____

Person making nomination: _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

Please include the following documents with this form:

- *A typed statement of at least 250 words outlining why this person qualifies for the award.*
- *Please provide at least one typed letter in support of the nomination.*