

# Gala Awards Nomination Form

Name of Nominee: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Person making nomination: \_\_\_\_\_

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: \_\_\_\_\_

## Please include the following documents with this form:

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

*Forms and supporting documents are due to the BCEA Office  
no later than Thursday, April 9, 2020*