**KASP FRIEND OF EDUCATION**

**NOMINATION FORM**

The following person/group is nominated for a KASP Friend of Education Award for their work advocating for the education, rights, welfare and mental health of all children and youth at the Local, State and/or National level (**please use the exact name and degrees as they should appear on the award**).

**In addition to this form, include three (3) letters of recommendation, a one-page description of why this/these person(s) is/are being nominated by you, and any optional supporting documentation. Incomplete packets will not be considered.**

All Nominations Should be Emailed **Mandy Cundy** (mandycundy.schoolpsych@gmail.com)

**Deadline for Submission: September 15**

Winners will be announced and highlighted during the KASP Fall Convention and in the Kansas School Psychologist Newsletter.

Nominee

Title

Degree(s)

Address

Phone

E-mail

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Person making nomination

Address

Phone

E-mail

Will the above-nominated person or group be attending the NASP Annual Convention?

\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Nominating