KNEA Friend of Education Award Nomination Form
(Print this form)

I hereby submit the name of the following person or organization in nomination for the Friend of Education Award to be presented at the Annual Meeting of the Kansas Representative Assembly.

Nominee ______________________________________ Telephone Number _____________________________________

Position and/or Organizational Affiliation ___________________________________________________________

Address __________________________________________________________________________________

City ___________________________________________ State _______ Zip Code ______________________

In no more than 200 words indicate the reasons for your nomination and summarize the nominee’s qualifications for the award. Documents and other materials supporting your nomination may be submitted with this nomination form.

Nominations submitted for the Friend of Education Award will be evaluated on the basis of award criteria: leadership, acts, and support of education that establish the nominee as a true friend of education, education employees, or students.

Nominating member or affiliate ________________________________________________________________

Signature of nominator or affiliate officer ________________________________________________________

Name of local affiliate _______________________________________________________________________

Address __________________________________________________________________________________

City ___________________________________________ State _______ Zip Code ______________________

Telephone Number __________________________________________________________________________

Mail this form with attachments to: KNEA President, KNEA, 715 SW 10th Avenue, Topeka, KS 66612-1686. The deadline for receipt for the nomination form is February 1.