

**WESTERN NEW YORK EDUCATIONAL SERVICE COUNCIL**

**AWARDS FOR EXCELLENCE  
NOMINATION FORM**

**ADMINISTRATION**

Name of Nominee \_\_\_\_\_ District \_\_\_\_\_

Administration Area \_\_\_\_\_ Assignment \_\_\_\_\_

Previous Administrative Positions \_\_\_\_\_

Total Number of Years in Administration \_\_\_\_\_

Academic Degrees \_\_\_\_\_

Prior Awards and Recognitions \_\_\_\_\_

Please include the following with the nomination form:

- \* Your rationale for nominating this person for the WNYESC Award for Excellence in Administration (see **attached guidelines**)
- \* Any additional supporting documentation

Superintendent's Signature \_\_\_\_\_

**Nominations must be submitted to WNYESC by February 23, 2018**

WNYESC

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