

WESTERN NEW YORK EDUCATIONAL SERVICE COUNCIL

**AWARDS FOR EXCELLENCE
NOMINATION FORM**

SCHOOL SUPERINTENDENT

Name of Nominee _____ District _____

Number of Years as Superintendent _____

Leadership Positions _____

Additional Community or Professional Service (Related Organizations) _____

Prior Awards and Recognitions _____

Please include the following with the nomination form:

- * Your rationale for nominating this person for the WNYESC Award for Excellence as School Superintendent (**see attached guidelines**)
- * Any additional supporting documentation

Signature of Board President (or Vice President) _____

Nominations must be submitted to WNYESC by February 23, 2017

WNYESC

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