

IASSW NOMINATION FORM

SCHOOL SOCIAL WORKER OF THE YEAR

Name of Nominee _____

Current Position and Location _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

CITIZEN OF THE YEAR

Name of the Nominee _____

Current Position and Location _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

LEGISLATOR OF THE YEAR

Name of the Nominee _____

Current Position and Location _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Please attach a short narrative to describe your nominee(s) and why they should be named for special recognition. If possible, include supporting documentation such as a resume, newspaper clippings, letters of endorsement and other evidence indicative of their contributions. It is most useful to the Awards Committee if others with additional information about the nominee(s) also send in a short narrative.

Your Name _____ Position/Location _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

RETURN THIS FORM AND ALL SUPPORTING MATERIAL BY JUNE 15th TO:

Rosemary O'Connor
IASSW AWARDS Committee
24221 S. Green Heron Drive
Channahon, IL 60410