

**2021 NASP SCHOOL PSYCHOLOGIST OF THE YEAR
AWARD NOMINATOR & CANDIDATE CONTACT
INFORMATION**

Candidate Information

Candidate Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

Job Title _____

Current (or most recent) Employer _____

Nominator Information

Name of Nominator _____

Mailing Address _____

City _____ State _____ Zip _____

Home/Cell Phone _____ Work Phone _____

Email Address _____

Please indicate your position as the nominator:

State Association President

State Presidential Designee (e.g., awards chair, other)

NASP Delegate

Other Position: