

NAEA Awards Program Nomination Form

This form may be filled out electronically when downloaded as a PDF at www.arteducators.org
A separate form must be submitted for each nomination. • Please type or print neatly.

I, _____, nominate _____
Name of Nominator Name of Nominee

for the following award: _____
Please print the exact award title as it appears in the NAEA Awards Program Booklet.

Nominee Information

Full Name of Nominee _____
(Dr., Mr., Ms., Mrs.) First M.I. Last

Membership Division _____ NAEA ID # _____ Region _____
Eastern, Pacific, Southeastern, Western

Nominee's Home Address _____
Street/P.O. Box City State Zip

Current Employer _____ Position/Title _____

If retired, indicate date of retirement ____/____/____
MM DD YY

Work Address _____
School/Building Street/P.O. Box City State Zip

Home Phone () _____ Work Phone () _____ E-mail _____

Nominator Information

Full Name of Nominator _____
(Dr., Mr., Ms., Mrs.) First M.I. Last

☐ I certify that I am not an immediate family member (spouse, child, parent, sibling) of the person who I am nominating.

Nominator's Home Address _____
Street/P.O. Box City State Zip

Work Address _____
School/Building Street/P.O. Box City State Zip

Home Phone () _____ Work Phone () _____ E-mail _____

**AWARD PACKETS POSTMARKED AFTER DEADLINE* OR
CONTAINING INSUFFICIENT or EXTRA MATERIALS WILL BE CONSIDERED INVALID.**

*Unless otherwise stated in the award description, nomination packets as well as State/Province Art Educator Award notification forms must be submitted to the NAEA National Office digitally or postmarked on or before **October 1**.



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NAEA Awards Program Standardized Vita

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A separate form must be submitted for each nomination. • Please type or print neatly.

Before completing this form, you are encouraged to review the awards-scoring rubric specific to the award for which you are being nominated. This will enable you to include information that is most pertinent to the scoring criteria in the category for which you are being evaluated.

Please do not include binders, videos, previous accolades, etc. Award packets exceeding the amount of information requested may not be reviewed.

Name _____
(Dr., Mr., Ms., Mrs.) First M.I. Last

Award for which you are nominated _____
Please print the exact award title as it appears in the NAEA Awards Program Booklet.

Home Address _____
Street/P.O. Box City State Zip

Employer _____ Title _____

Work Address _____
School/Building Street/P.O. Box City State Zip

Home Phone () _____ Work Phone () _____ E-mail _____

☐ I certify that I am not an NAEA Board Member, NAEA Board Member-Elect, NAEA Regional Division Director, elected or appointed state officer, or a member of any award review committee.

List degrees held, Institution(s), and other education:

List NAEA activities on the national level including offices held, committees, honors, service, etc:

List NAEA activities on the regional level including offices held, committees, honors, service, etc:

List state/province and local art education association activities, offices held, committees, honors, service, etc:

List leadership roles, offices, and/or honors in other professional associations:

List related experience with program development, publications, artistic production, and/or exhibitions:

List other teaching and/or related experiences: