



**NATIONAL FEDERATION OF  
STATE HIGH SCHOOL ASSOCIATIONS  
2012  
NOMINATION FORM NFHS CITATION**

Presented to athletic administrators who have made significant contributions to the NFHS and/or other national organizations which have impacted high school activities.

Among the factors which are considered:

- Individual has a long-standing and distinguished record of involvement with high school activities programs at the local and state levels.
- Individual is recognized as among the best in their profession by their colleagues.

Note: Please review the award criteria prior to completing the nomination form.

**This form is a fill-able pdf format. Please type directly into the document.**

---

Nominee's Name: \_\_\_\_\_ Title: \_\_\_\_\_

School/District of Employment: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ Office Fax: (\_\_\_\_\_) \_\_\_\_\_

Nominee is RAA\_\_\_\_ CAA\_\_\_\_ CMAA\_\_\_\_ E-Mail: \_\_\_\_\_

# Years as an Athletic Administrator: \_\_\_\_\_ # Years as a NIAAA Member: \_\_\_\_\_

To comply with the NFHS request to provide diversity in recognizing members, please check appropriate boxes:  
 Male       Female       Minority

**Service to State High School Activity Association and/or State Athletic Director Association** (board positions held, committees, tournament management, etc.)

**Service to NFHS and/or NIAAA** (positions held, committees, conference participation, i.e., speaker, president, delegate, host committee, articles published, etc.)

**Service at the Local Level** (conference involvement, positions held, committee work):

**Personal Recommendation** (Two letters of recommendation are permitted. Please include with this form or mail under separate cover)

Please forward this nomination form no later than April 1 to the NIAAA Awards Committee, 9100 Keystone Crossing, Suite 650, Indianapolis, IN 46240.

Nomination submitted by: \_\_\_\_\_ (name of association) \_\_\_\_\_ (title)

\_\_\_\_\_ (name of individual in association) (\_\_\_\_\_) \_\_\_\_\_ (individual's office phone)

\_\_\_\_\_ (individual's email) (\_\_\_\_\_) \_\_\_\_\_ (individual's cell phone)

Signature of State High School Activity Association Executive Officer: \_\_\_\_\_

Signature of State Athletic Director Association President/Executive Director: \_\_\_\_\_

**Signatures of both organizations executives required**