

**State Award of Merit
(for NIAAA members only)**

State _____



2012 REPORTING FORM
National Interscholastic Athletic
Administrators Association
9100 Keystone Crossing, Suite 650,
Indianapolis, Indiana 46240
317/587/1450 (Fax 317.587.1451)
Attention: Bruce Whitehead, CMAA



Presented on an annual basis to an **NIAAA member** in each state in recognition of meritorious service, leadership and special contributions to interscholastic athletics at the local and state level.

Note: Please submit all information in typewritten form.

Award Recipient: _____ Title: _____
(name as it is to be inscribed on award)

School/District of Employment: _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

Office Phone: _____ e-mail: _____

No. of Years as an A.D.: _____ No. of Years as NIAAA Member: _____

RAA: Yes No CAA: Yes No CMAA: Yes No

Is this award a surprise for recipient? Yes No

Picture of award recipient included in this mailing? Yes No If not, when will it be sent? _____

Award Presentation - please list date, time, location (city and facility) for this presentation:

Mail award to: name: _____
school or organization: _____
street address (for UPS): _____
city, state and zip: _____

Press Release Information -- While each state will determine its own criteria for selecting its State Award of Merit nominee, the NIAAA would like to call public attention to this honor through a news release. To make this meaningful, please list a brief biographical sketch, along with the basis for the nominee's selection, on the reverse side of this form. Also, a personal quote from the nominee's administrator or superior and/or state athletic director association officer, would be helpful.

Names and email addresses of members of the media who would be interested in receiving a copy of the press release announcing the honoree's selection **(only done electronically)**:

- | | |
|---|---|
| 1. _____
(name of individual)

(radio, newspaper, etc.)

(email address) | 2. _____
(name of individual)

(radio, newspaper, etc.)

(email address) |
| 3. _____
(name of individual)

(radio, newspaper, etc.)

(email address) | 4. _____
(name of individual)

(radio, newspaper, etc.)

(email address) |

(over)

Biographical Sketch/Nominee's Qualifications for State Award of Merit:

The award recipients are profiled in the winter issue of Interscholastic Athletic Administration magazine. A 3x5 head shot (color preferable) must be submitted with this nomination. This photograph is due no later than September 15.

Award nomination submitted by:

State AD Association: _____
(Correct name of association needed for inscription)

Person Submitting: _____

State Association Title: _____

School or District: _____

Street Address: _____

City

State

Zip

School Phone: (_____) _____

State Athletic Director Association President's Approval

We have read and are familiar with the history and purpose of the award, particularly as it refers to the selection criteria, nominating deadlines and sponsor identification, and feel we have followed these guidelines in selecting our NIAAA State Award of Merit recipient.

Signed: _____
(State AD Association President)