



**NATIONAL FEDERATION OF
STATE HIGH SCHOOL ASSOCIATIONS
2019
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: (____) _____ Cell Phone (____) _____

Nominee is RAA____ CAA____ CMAA____ RMSAA ____ 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 form no later than April 1 to the NIAAA Office. Email form and letters to: mblackburn@niaaa.org. If sending by regular mail the address is: Award Nomination, 9100 Keystone Crossing, Suite 650, Indianapolis, IN 46240.

(name of association)	(title)
Nomination submitted by: _____	(_____) _____
(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