

FRIEND(S) OF ECASB ACHIEVEMENT AWARD

NOMINATION FORM

Criteria:

- Outstanding service to ECASB and the education community.
 - The award MAY NOT be presented EVERY year. The ECASB Awards Review Team will select a recipient when specific and unique circumstances warrant recognition that assisted the organization. The individual cannot be a current ECASB Member.

Name of Nominee: _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Nominated by: _____

Address: _____

City/Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

***YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY.**

COMPLETED NOMINATION FORM MUST BE POSTMARKED BY THE DATE INDICATED ON THE YEARLY ECASB CALENDAR.

Return via mail/Fax/e-mail to: ECASB Executive Board
c/o David L. Lowrey
355 Harlem Road
West Seneca, New York 14224
Fax: 821-7296; email dlowrey@e1b.org

1. **Describe how the individual contributed to the betterment of the ECASB organization:**

2. **Describe how the individual contributed to education community**

- 3. What unique characteristics or qualifications does this individual possess that sets them apart from other leaders in the education community?**