

## MINNESOTA SCHOOL SOCIAL WORKER OF THE YEAR OFFICIAL NOMINATION 2023

Name of Nominee	:	
Home Addı	ress:	
Telephone:	(work)	
	(nome)	
Email:		
School District:		
Contact Per	rson:	
School Address:		
School Tele	ephone:	
Present Position a	nd Numbe	er of Years in this position:
Educational Back	ground - N	Name of Institution/Degree/Year:
Licensure/Certific	cation(s):	
	_	- ·

## **Professional and Community Experience**:

Include service on committees, boards, task forces, projects, etc. (attach resume)

Presentations, publications, achieveme	ents, recognitions:
Professional Memberships:	
practice as a School Social Worker reflection	r less on why you think this nominee's daily ets the highest professional standards and how hip and service within the professional and the
<u>Letters of Support</u> : 2-3 Additional letters of support - require	ed
Submit all nominations by Monday, June	e 9th, 2023 to:
MSSWA % Molly Spindler 325 2nd St NE Hallock MN, 56728 mspindler@nwric.com	Molly's Cell Number- 218-416-0418
Submitted By:	
Home Address:	

(Summer Contact)

Telephone: