



**MINNESOTA SCHOOL SOCIAL WORKER OF THE YEAR
OFFICIAL NOMINATION 2020**

Name of Nominee: _____

Home Address: _____

Telephone: (work) _____
(home) _____

Email: _____

School District: _____

Contact Person: _____

School Address: _____

School Telephone: _____

Present Position and Number of Years in this position:

Educational Background - Name of Institution/Degree/Year:

Licensure/Certification(s):

Professional and Community Experience:

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

Presentations, publications, achievements, recognitions:

Professional Memberships:

Statement of Nomination:

Please attach a statement in 500 words or less on why you think this nominee's daily practice as a School Social Worker reflects the highest professional standards and how they have demonstrated creative leadership and service within the professional and the greater community.

Letters of Support:

2-3 Additional letters of support - required

Submit all nominations by Friday, June 5, 2020 to:

MSSWA
% Jeri Nomeland
1120 Oakland Park Road,
Thief River Falls, MN 56701

Jeri's cell #(218)689-1808

Submitted By: _____

Home Address: _____
(Summer Contact)

Telephone: _____