

**MINNESOTA SCHOOL SOCIAL WORKER OF THE YEAR
OFFICIAL NOMINATION 2017**

Name of Nominee: _____

Address: _____

Telephone: (work) _____
(home) _____

Email: _____

School District: _____

Contact Person: _____

Address: _____

Telephone: _____

Present Position and Number of Years in this position:

Educational Background: Name of Institution/Degree/Year:

Licensure/Certification:

Professional and Community Experience: Include service on committees, boards, task forces, projects, etc. (attach resume if available):

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: Additional letters of support from colleagues, administrators, community members or others are encouraged.

Submit all nominations by June 2, 2017 to:

Sherry Murphy
2 Forrest Ct. N.W.
East Grand Forks, MN 56721
(320)583-8351 or (218)773-1149

Submitted By: _____

Address: _____

Telephone: _____