Gertrude E. Kopf Award of Recognition

Nomination Form

Name of Candidate:	
Address of Candidate:	
Telephone (office):(cell):	
Candidate's Employer:	
Address of Employer:	
Telephone (and extension):	
Position(s) Held:	Number of Years
<u>-</u>	
Candidate's Supervisor:	
Supervisor's Address:	
Telephone (office): (home): (cell):	
Administrative Approval for Candidate to Attend PAEOP Conference: Yes _	
Signature of Candidate's Supervisor	
Candidate's Sponsor:	
Sponsor's Address:	
Telephone (office):(cell):	

Attachments: (Attach ONLY the specified materials)

- Three Letters of Recommendation
- Job Description
- PAEOP Membership Verification
- Nominee must be registered for the spring conference by March 15th.

Submit the Nomination packet to:

Sheri D. Moyer, CEOE

Middletown Area School District 55 West Water Street Middletown, PA 17057 smoyer@raiderweb.org 717-948-3300 x 1005