**Gertrude E. Kopf/ Charlotte Walter Award of Recognition**

Nomination Form

1. Complete this form electronically

2. Email this form to the Kopf Chair email address listed below

**Name of Candidate**:

Address of Candidate:

Telephone (office):       (home)       (cell)

**Candidate’s Employer**:

Address of Employer:

Telephone (and extension):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Position(s) Held: | Number of Years | |  |  | |  |  | |  |  | |  |  | |

**Candidate’s Supervisor**:

Supervisor’s Address:

Telephone (office):       (home)       (cell)

**Administrative Approval for Candidate to Attend PAEOP Conference:**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Candidate’s Supervisor**

**Candidate’s Sponsor**:

Sponsor’s Address:

Telephone (office):       (home)       (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 17th.

**Submit** the Nomination packet electronically to:

Sheri D. Moyer, CEOE

smoyer@hbgsd.us