

OUTSTANDING SERVICE AWARD GUIDELINES

A. Purpose of Outstanding Service Award

The purpose of the Outstanding Service Award is to recognize someone who has provided outstanding service to Title I, the Wisconsin Title I Association, and/or the National Association of Federal Education Program Administrators.

B. Procedure for Nominating the Outstanding Service Award Recipient(s)

1. Gather information, complete the attached entry form, and submit it along with a typed description (two page maximum) of the outstanding contributions your nominee has made to Title I, the Wisconsin Title I Association, and/or the National Association of Federal Education Program Administrators.

2. Submit entry by **March 1, 2012** to:

Kathy Heineck
11240 Adams Road
Franksville, WI 53126
262-835-2083 (home)
262-989-3427 (cell)
kheineck1@wi.rr.com

3. The Awards Committee will review the nominations and make recommendations to the Wisconsin Title I Association Executive Committee.

4. The Executive Committee will approve the nominee(s) for the Outstanding Service Award.

5. The nominator of the recipient will be notified and may help present the award at the spring meeting of the Wisconsin Title I Association.

C. Guidelines for Selection of the Outstanding Service Award Recipient(s)

1. Recipient must be or have been actively involved with Title I locally, as a member of the Wisconsin Title I Association, and/or member of the National Association of Federal Education Program Administrators.

2. Recipient must have demonstrated leadership and a willingness to be actively involved in Title I Programs.

3. Recipient's achievements must have resulted in a significant impact on the growth of Title I organizations, the local Title I Program, or increasing legislation favoring Title I.

OUTSTANDING SERVICE AWARD ENTRY FORM

NOMINEE'S NAME: _____

NOMINEE'S CONTACT INFORMATION:

PHONE: _____

ADDRESS: _____

CITY/ZIP CODE: _____

**HOW MANY YEARS WAS THE NOMINEE ACTIVELY INVOLVED AS A
WT1A AND/OR NAFEPa MEMBER?** _____

NOMINATOR NAME(S):

NOMINATOR CONTACT INFORMATION:

PHONE: _____

ADDRESS: _____

CITY/ZIP CODE: _____