

**Nomination Form**  
**Wisconsin Division for Early Childhood & Wisconsin Early Childhood Association**  
(To be awarded at Fall 2010 Conference)

**Name of Award:** **Outstanding Service Award** (This award is designed to acknowledge the career of a professional who has or is making a lasting impact on early childhood education or services for young children and families in a region of the state or statewide.)

**Nominee** \_\_\_\_\_

**Address** \_\_\_\_\_

**Agency/School District** \_\_\_\_\_

**Phone** \_\_\_\_\_ (work) \_\_\_\_\_ (home) **Years of Involvement** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Please describe the nominee's qualifications. You may attach an additional page if needed.**

**Please list two references (administrator, co-worker, parent of a student, etc.) we may contact if we need additional information:**

**Name/Position** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name/Position** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Please return this completed form by July 1, 2010 to:**

Ruth Nyland  
4528 Kensington Court  
Eau Claire, WI 54701