

Nomination Form
WI Division for Early Childhood & WI Early Childhood Association
2008 (To be awarded at Fall 2008 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** _____

You Name _____ **Phone** _____

Address _____

Please return this completed form by August 1, 2008 to:

Mary Jo Hite
2839 Wayland Court
Eau Claire, WI 54703