STANYS Award Nomination Form



Science Teachers Association of New York State

| Nominee | Name | Title (optional) | First | Last |
|------------------------------------|-------------------------------------|------------------|-------|------|
| | | | | |
| | School District | | | |
| | School Name | | | |
| | School Address | Street | | |
| | | Town/Zip | | |
| | School Phone | · | | |
| | School and personal email addresses | | | |
| Person Submitting Nomination | Name | Title (optional) | First | Last |
| | | | | |
| | Position | • | • | |
| | | | | |
| | School Phone | | | |

Please email the completed nomination form to: STANYS Awards Chair awards@STANYS.org This nomination form must be received by **May 15.**