## **KNEA Friend of Education Award Nomination Form**(Print this form)

I hereby submit the name of the following person or organization in nomination for the Friend of Education Award to be presented at the Annual Meeting of the Kansas Representative Assembly.

Nominee	Telephone Number	
Position and/or Organizational Affil	liation	
Address		
City In no more than 200 words indicate	State	Zip Code
		nd summarize the nominee's g your nomination may be submitted with
		lluated on the basis of award criteria: s a true friend of education, education
Nominating member or affiliate		
Signature of nominator or affiliate of	officer	
Name of local affiliate		
Address		
		Zip Code
Telephone Number		

Mail this form with attachments to: KNEA President, KNEA, 715 SW 10th Avenue, Topeka, KS 66612-1686. **The deadline for receipt for the nomination form is February 1.**