



## SPFT Education Support Professional of the Year Nomination Form

Name of the Nominee: \_\_\_\_\_

Job Position: \_\_\_\_\_

Address (Street): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

Years as SPFT member: \_\_\_\_\_

### **Nominator Information:**

Name: \_\_\_\_\_

Job/Role: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

Address (Street): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Please use reverse side of this form to briefly describe how you have come to know the nominee's work and why you think he/she is worthy of consideration for this award.***

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

**Please return this completed form no later than March 1 to:**

Saint Paul Federation of Teachers  
ESP Nominee Committee  
23 Empire Drive, Suite N100  
St. Paul, MN 55103