Theresa McKeown, President
June Mann, Exec. Vice President
David Simon, Admin. Vice President
Kathy Hardesty, Treasurer

WHEA

West Hartford Education Association

10 Crossroads Plaza
West Hartford, CT 06117
Phone (860) 236-5350
Fax (860) 586-8235
Email: wheaoffice1@gmail.com

WHEA MEMBER OF THE YEAR
Nomination Form

Form must be received at WHEA office no later than Monday, April 15, 2019

This award is given to the **WHEA member** who, in the opinion of the membership, has performed outstanding service to the organization. The award is to be presented at the Recognition Dinner, May 23, 2019. Please use this form to nominate a member whom you feel is deserving of this award.

Name of Nominee_____ School in which Nominee teaches _____

Service record of Nominee (i.e., offices held, committee, membership, other positions and contributions)

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Nominator_____ School _____

Other staff members who support nomination: _____

_____

Requirements for applications:

a. Nominations will be accepted from any member.
b. Nominees must have served the WHEA for at least five (5) years.
c. The nominator must substantiate the nominee's record by supplying specific data on committee work, offices held, CEA-NEA conventions attended, Representative Council participation, and work on various activities which have benefited the Association.
d. The nominator should include the name of members who will verify the contributions of the nominee.

Please fax to (860-586-8235) or send through interschool mail to “WHEA OFFICE”

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CITIZEN OF THE YEAR
Nomination Form

Form must be received at WHEA office no later than Monday, April 15, 2019

This award is given to an individual who is an advocate for teachers and has contributed outstanding service to the West Hartford Public School System. Nominations will be presented to Representative Council for a final decision. The award is to be presented at the Recognition Dinner, May 23, 2019. Please use this form to nominate an individual whom you feel is deserving of this award. Thank you for your participation.

Name of Nominee_____

Address/Phone #_____

Reasons for recommendation of Nominee: _____

_____

_____

_____

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Nominator_____ School _____

Other staff members who support nomination: _____

_____

Requirements for applications:

a. Nominations will be accepted from any member.
b. The nominator must substantiate the nominee's recommendation by supplying specific data on activities which have benefited teachers, students and/or West Hartford Public schools in general.
c. The nominator should include the names of members who will verify the contributions of the nominee.
d. Rep Council has the discretion to choose the final candidate, but weight should be given to length of service as well as the nature of the individual's contributions.

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