

Minnesota Association of Alternative Programs

MAAP STARS Advisor Of The Year

School Year 2015-16

Nomination Form

STARS Advisor Full Name: _____

Program/School Name: _____

Sponsor or School District: _____

Nominated By Student(s): _____

School/Program Name: _____

School Address: _____

School Phone #: _____

Email Address: _____

Nomination Rationale ~ (use extra pages or submit attachments as needed)

(A). Please briefly identify three main reasons/contributions that inspired this nomination.

- 1.
- 2.
- 3.

(B). In a narrative form, state specific individual STARS Advisor contributions of this nominee to their students, school/program, and/or the larger learning community.

(C). List any other items that distinguish this nominee.

DUE by **THURSDAY, March 31, 2016** to Patti Haasch, Email: pjhaasch@yahoo.com

