

Minnesota Association of Alternative Programs

MAAP Student Of The Year

School Year 2016 -17

Nomination Form

Student's Full Name: _____

Program/School Name: _____

Sponsor or School District: _____

Nominated By: _____

School/Program Name: _____

School Address: _____

School Phone #: _____

Email Address: _____

Nomination Rationale ~

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

- 1.
- 2.
- 3.

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

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

DUE by FRIDAY, March 17, 2017 to Patti Haasch, Email: pjhaasch@yahoo.com