### PARENT/COMMUNITY RECOGNITION AWARD

# Nomination Form

# PURPOSE OF THE AWARD

# This award is intended for either a parent or community member who has demonstrated support to AGATE and the development of gifted students in Arkansas.

# RULES AND QUALIFICATIONS

1. The recipient of this award should be a parent or community member who is not employed by an educational agency.

2. Any or all of the following criteria should be used in selecting nominees for this award:

1. has demonstrated service and leadership which has fostered growth and awareness of AGATE and the need for appropriate education for gifted students
2. communicates about AGATE and education for the gifted and has served as a positive public relations force
3. has served as a career catalyst through personal example
4. has been an effective change agent (advocate) for gifted education in the legislative arena
5. has served the causes of gifted children in ways not listed above.

# AWARD NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CITY, STATE, & ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following information about the nominee for the awards committee:**

1. A one-page summary, describing the contributions of the award nominee, specifically detailing the uniqueness and quality of service by the nominee
2. Two letters of reference from people most knowledgeable of the nominee’s contributions

to AGATE, and the results of those contributions. Someone other than the person making the

nomination must write these letters.

# I attest to the truth and validity of the attached statements substantiating this nomination.

# NAME: AGATE MEMBERSHIP#

# ADDRESS:

**CITY, STATE, ZIP:**

## DAY PHONE: EVENING PHONE:

**E-MAIL:**

*If an Affiliate is making this nomination, please complete the following:*

**AFFILIATE NAME:**

## PRESIDENT’S NAME:

# EMAIL TO: Beth Jones Applications are due electronically

**AGATE Awards Chair no later than Dec. 9, 2019**

**Subject: AGATE Parent/Community Recognition Award**

**EMAIL Address**: [beth.jones@esd-15.org](mailto:beth.jones@esd-15.org)