

**NCTE AFFILIATE AWARD SUBMISSION FORM
MULTICULTURAL PROGRAM**

Affiliate's Name (spell out complete name, please):

Contact Person: _____

Institutional Affiliation: _____

Address: _____

Home Phone: _____ Fax Number: _____ Work Phone: _____

E-mail Address: _____

Brief description of program for publication in Affiliate Breakfast program booklet, Council-Grams, and January awards mailing to affiliates (also attach 1-2 page report and appropriate supporting documents):

If selected, would your affiliate be responsible for having a representative on hand for the awards presentation at the Affiliate Breakfast during the NCTE Annual Convention? (Representative is expected to purchase a breakfast ticket with conference preregistration). YES ___ NO ___

If YES, please provide name and contact information for representative:

Name: _____

Mailing Address: _____

Work phone: _____ Home phone: _____

E-mail address: _____

Name and complete address of newspaper to be contacted:

This form, 1-2 page report, and appropriate supporting documents must be postmarked and mailed to the participating SCOA Representative noted on the award criteria form no later than May 1 in the year of the award.