

NCTE AFFILIATE SUBMISSION FORM NEWSLETTER AWARD

This form and four copies of three different issues of the affiliate newsletter published in the previous year and the year of the award must be postmarked and mailed to the participating SCOA Representative (Alan Perry, 944 Highway 114, Summerville, GA 30747-1 549) no later than May 1 in the year of the award.

Newsletter Title:

Name(s) of editor(s):

Affiliate's Name (spell out complete name):

Contact Person:

Institutional Affiliation:

Address:

Home phone: ())

Work phone: () Fax Number: ())

E-mail address:

1. Purpose of Publication
2. Strengths of Publication
3. 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: