

**NCTE AFFILIATE AWARD SUBMISSION FORM**  
**LEADERSHIP DEVELOPMENT AWARD for Affiliate Awardees and Alternates**  
*currently unfunded*

**NOTE:** *Currently, there is no funding for this award; however, affiliates may wish to continue this recognition at the local level and support awardees with travel funds to Orlando where winners will be recognized and presented with a certificate at the Affiliate Breakfast.*

Please note that only new leaders from state, provincial, and regional affiliates are eligible for this award and that only one awardee and one alternate per affiliate are allowed. Both parts of this form must arrive by May 1 to NCTE Division Director of Communications & Affiliate Services, 1111 W. Kenyon Road, Urbana, IL 61801; fax; 217-278-3761.

Please **print** the following information.

Name of Affiliate: \_\_\_\_\_

Name of Affiliate President: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Complete Mailing Address of Nominator: \_\_\_\_\_

\_\_\_\_\_

Nominator Home phone: \_\_\_\_\_ Nominator Office phone: \_\_\_\_\_

Nominator Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**For AWARDEE:**

Name of New Leader AWARDEE: \_\_\_\_\_

AWARDEE Mailing Address: \_\_\_\_\_

\_\_\_\_\_

AWARDEE E-mail Address: \_\_\_\_\_

AWARDEE Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of School: \_\_\_\_\_

AWARDEE School Address: \_\_\_\_\_

Years of Teaching Experience: \_\_\_\_\_

Name of Local Newspaper to Receive Information About Your Award:

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E-mail Address:

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Names(s), Title(s), and Email Address(es) of others you would like to know about your award:

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I \_\_\_\_\_ (the above listed new leader) agree to attend the Affiliate Roundtable Breakfast at the NCTE Annual Convention in the year of the award to both be recognized as a new affiliate leader and to sign the new leader roster (a breakfast ticket will be provided). I affirm that I have not previously attended an NCTE Annual Convention. In addition, I agree to participate in my affiliate during the academic year of the award in the following ways (please list those ways below):

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Signature of AWARDEE: \_\_\_\_\_ Date: \_\_\_\_\_

**ALTERNATE**

It is important to choose an alternate: first to involve two new people and, second, because it's quite possible that something will come up to prevent your awardee from attending convention and without an alternate your affiliate will have no representative.

Name of New Leader ALTERNATE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Years of Teaching Experience: \_\_\_\_\_

Name of Local Newspaper to Receive Information About Your Award: \_\_\_\_\_

Address: \_\_\_\_\_

Names(s), Title(s), and Address(es) of others you would like to know about your award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ (the above listed new leader) agree to attend the Affiliate Roundtable Breakfast at the NCTE Annual Convention in the year of the award to both be recognized as a new affiliate leader and to sign the new leader roster (a breakfast ticket will be provided). I affirm that I have not previously attended an NCTE Annual Convention. In addition, I agree to participate in my affiliate during the academic year of the award in the following ways (please list those ways below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of ALTERNATE: \_\_\_\_\_ Date: \_\_\_\_\_