

## NCTE Affiliate Journal Award Submission Form

This form and **FOUR** copies of one issue of the affiliate journal published between May 1 of previous year and May 1 of year of award must be postmarked and mailed to the participating SCOA Representative (Steve Hubbard, 703 S Three Notch St, Andalusia, AL 36420-4412) **no later than May 1 in year of award. Please write legibly.**

JOURNAL TITLE: \_\_\_\_\_

AFFILIATE'S NAME (spell out complete name): \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

INSTITUTIONAL AFFILIATION: \_\_\_\_\_

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

WORK PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME(S) OF EDITOR(S): \_\_\_\_\_

ADDRESS(ES): \_\_\_\_\_

1. PURPOSE OF PUBLICATION \_\_\_\_\_

\_\_\_\_\_

2. STRENGTHS OF PUBLICATION \_\_\_\_\_

\_\_\_\_\_

3. APPROXIMATE COST PER ISSUE \_\_\_\_\_

4. ANNUAL CONVENTION: If selected, would your affiliate be responsible for having a representative on hand for the awards presentation at the Affiliate Breakfast of 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: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME AND COMPLETE ADDRESS OF NEWSPAPER TO BE CONTACTED

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