

NCTE Robert Shafer Memorial Award

Nomination Form

Name of Person or Organization Making the Nomination: _____

Contact Information:

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Institutional Affiliation: _____

Name of Nominee or Organization: _____

Contact Information for Individual or Representative of the Nominated Organization:

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Institutional Affiliation of Nominee or Representative: _____

Member of NCTE: ____ YES ____ NO

Qualifications of Individual or Organization for the NCTE Robert Shafer Memorial Award

Please check all that apply and submit a 100-200 word explanation for each item checked.

The recipient of the NCTE Robert Shafer Memorial Award will be an educator or organization's membership who have made an impact on education in any of the following ways:

_____ is active in educational travel to other countries

_____ is involved in the study of education in other countries

_____ is involved in the teaching and learning of English and World Englishes

_____ has published on international concerns in the teaching of World Englishes

_____ has made an impact on education beyond the United States

The Selection Committee thanks the above individuals or organizations for participating in the NCTE Robert Shafer Memorial Award process. The committee is seeking to build a trust fund for the purpose of enabling the continuation of the award. Contributions to the fund may be made by sending a check made payable to NCTE, noting "Robert Shafer Memorial Award Fund" in the memo line, to:

NCTE Robert Shafer Memorial Award Fund
1111 W. Kenyon Road
Urbana, IL 61801