



THE NEW JERSEY ASSOCIATION OF SCHOOL PSYCHOLOGISTS

PO Box 9658
Hamilton, NJ 08650

www.njasp.org

Jane Bostrum SERVICE TO SCHOOL PSYCHOLOGY AWARD NOMINATION FORM 2020-2021

NJASP's Jane Bostrum Service to School Psychology Award is given to a school psychologist, general psychologist, an individual in a related field, or any individual or organization who has contributed to the field of school psychology. This award is given in recognition of outstanding contributions to the profession of school psychology. Examples include an individual who has made noteworthy recent contribution to the field, an individual who has made contributions over a long period of time, an individual who has contributed to the professional literature, and an individual who has contributed to the state or national professional association, etc.

NOMINATION PROCEDURES

The Nominator must complete and/or obtain the following information:

- (1) Complete this Nomination Form.
- (2) Notify the individual or organization that they are being nominated for this award and obtain the individual's or organization's consent.
- (3) Complete a one to two page Nomination Statement indicating why this individual or organization should receive this award.
- (4) Obtain one page Letters of Support from at least three (3) but not more than five (5) individuals who support this individual's or organization's candidacy for this award.
- (5) All nomination materials must be received by December 15, 2021. **By Mail:** In one envelope to Leslie Miles, NJASP Awards Coordinator, PO Box 9658, Hamilton, NJ 08650. **By E-mail:** Attach nomination form and required documents in PDF or Word form to NJASPAwards@gmail.com. Please write "Bostrum Award" in the subject line. Late applications will not be considered. Confirmation of receipt of nomination materials will be provided to the nominator.
- (7) NJASP's Awards Committee will review the applications and make a selection based on the materials received. Award winners will be announced at NJASP's Spring Conference.

CANDIDATE'S INFORMATION

Name of Candidate _____
Address, City, State, and Zip Code _____
Primary Phone _____ Alt. Phone _____ Email _____
Job Title _____
Employer _____

NOMINATOR'S INFORMATION

Name of Nominator _____
Address, City, State, and Zip Code _____
Primary Phone _____ Alt. Phone _____ Email _____
Signature and Date _____