***THE NEW JERSEY ASSOCIATION OF SCHOOL PSYCHOLOGISTS***

## Dr. Irwin A. Hyman SERVICE TO CHILDREN AWARD NOMINATION FORM 2020-2021

NJASP's Service to Children Award is given to an individual or an organization whose efforts have benefitted children. This individual or organization must provide services to children. This award is not given to an NJASP Member or a school psychologist. This award is in recognition of outstanding contributions to education, mental health, or the general welfare of children and youth of New Jersey and/or the nation.

## 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, 2020. **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 lesliemiles10@yahoo.com. Please write "Hyman 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_____