School Safety Advocacy Council – 2017 Exemplary School Safety Initiative Award

Exemplary School Safety Program Award Nomination ☐
Individual School Safety Award Nomination ☐
(check one)

PERSON MAKING NOMINATION

Last Name _____ First _____ Title_____

Agency_____ District_____

Phone_____ Fax_____ E-Mail_____

Street Address _____

City _____ State _____ Zip _____

Nominee(s)_____

Nominees Contact phone: _____ E-mail: _____

Indicate your affiliation with the Nominee? _____

2017 NATIONAL EXEMPLARY SCHOOL SAFETY PROGRAM AWARD
Please briefly indicate the reason you have nominated this program/unit and the positive impact you feel it has made on your school/community. Please include how long the program has been in place in your area, and the number of participants that are involved in the nominated program. You may attach additional pages, however videos are not accepted.

2017 INDIVIDUAL SCHOOL SAFETY AWARD
In as much detail as possible, please specifically describe the reason you are nominating this person that you feel has gone above and beyond in the field of school safety.

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(Attach additional information if necessary)

Will members of this agency/district or the individual nominated for an award be attending at the 2017 National School Safety Conference in Las Vegas, NV? Yes - ☐ N0 - ☐ - How many members of your agency will be attending? _____

Submission deadlines: All nominations must be received by **June 15th, 2017**

AWARD NOMINATIONS MUST BE SUBMITTED VIA E-MAIL TO: **ADMIN@SCHOOLSAFETY911.ORG**