National Federation of State High School Associations
2020 Citation Nomination Form

Presented to athletic administrators who have made significant contributions to the NFHS and/or other national organizations which have impacted high school activities.

Among the factors which are considered:

- Individual has a long-standing and distinguished record of involvement with high school activities programs as the local and state levels.
- Individual is recognized as among the best in their profession by their colleagues.

Note: Please review the award criteria prior to completing the nomination form.

This form is a fillable pdf format. Please type directly into the document.

Nominee's Name _____ Title _____

School/District of Employment _____

_____ _____ _____ _____
Street Address City State Zip

Office Phone _____ Office Fax _____ Cell Phone _____

Nominee is RAA ☐ CAA ☐ CMAA ☐ RMSAA ☐ Email _____

# of years as an athletic administrator _____ # of years as an NIAAA member _____

To comply with the NFHS request to provide diversity in recognizing members, please check appropriate boxes:

Male ☐ Female ☐ Minority ☐

Service to State High School Activity Association and/or State Athletic Director Association (board potions held, committees, tournament management, etc.)

Service to NFHS and/or NIAAA (positions held, committees, conference participation, I.e., speaker, president, delegate, host committee, articles published, etc.)

Service at the local level (conference involvement, positions held, committee work)

Personal Recommendation (Two letters of recommendation are permitted. Please include with this form or mail under separate cover.

Please forward this form no later than April 1 to the NIAAA office. Email form and letters to mblackburn@niaaa.org. If sending by regular mail the adders is: Award Nomination, 9100 Keystone Crossing, Suite 650, Indianapolis, IN 46240.

Nomination submitted by: _____ _____
Name of association Title

_____ _____
Name of individual in association individual's email

_____ _____
individual's office phone individual's cell phone

Signature of State High School Activity Association Executive Officer _____

Signature of State Athletic Association President/Executive Director _____

Signatures of both organizations executives required