



Friend of OASNP Award

Ohio Association of Special Needs Professionals seeks nominees for the Friend of OASNP Award

The OASNP seeks to annually recognize a friend of the professionals who work in the field of special needs education and habilitation and/or the consumers they serve. OASNP's members are encouraged to nominate individuals and/or organizations who would be worthy recipients of this honor. If an honoree for the Friend of OASNP is selected, the nominee will be honored at the OASNP Annual Membership Conference held each year in March.

Purpose:

The Friend of OASNP Award recognizes a person and/or organization whose leadership, actions, and support have contributed to the improvement of public education and habilitation of people with special needs; and/or have helped to provide a collective voice for the staff who work with them.

Qualifications:

The Friend of OASNP Award may be bestowed upon any person or organization whose leadership, actions, and support are consistent with the stated purpose.

Nominations:

Any member of OASNP may nominate an individual or organization for the Friend of OASNP Award.

The selection of the Friend of OASNP Award will be made by the OASNP Executive Committee from among the nominees, regardless of age, sex, race, color, or creed.

The deadline for submitting nominations is January 5th each year. Nominations must be signed by an OASNP active member in good standing using the nomination form.

For a Word-fillable form, go to www.oasnp.ohea/us.

Nomination Form: Friend of OASNP Award

I hereby nominate the following person or organization to receive the Friend OASNP Award, to be presented at the _____ OASNP Annual Membership Conference in March each year.
(year)

Nominee	
Nominee's Title or Position	
Nominee's Organization	
Address	
City, State, ZIP	
<i>(In no more than 200 words indicate the reasons for your nomination and summarize the nominee's qualifications for the award. Use additional paper, if needed. Documents and other materials supporting your nomination may be submitted with this nomination form.)</i>	
Nominating OASNP Member's Name	
Address	
City, State, ZIP	
Contact Person's Phone	
E-mail Address	
<i>Signature of Nominating Member</i>	

Send entries by January 5th of each year.

Nominations must be signed by an OASNP active member in good standing. Completed nomination forms and all accompanying materials should be sent to:

Mail: Friend of OASNP Award, c/o Christina West, 10172 Berlin Station Rd, Canfield OH 44406; - OR –
Email: christinamariewest@gmail.com.

Receipt of your application will be acknowledged.

Questions: Please call (330) 540-5959.

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