

"You Raise Me Up" Recognition Award 2014-2015 Nomination Form

Please circle the appropriate employment category for your nominee. Nominations must be received by May 16, 2014 to be considered.

CERTIFIED EMPLOYEE	CLASSIFIED EMPLOYEE
Teacher	Clerical
School Counselor	Maintenance
Media Specialist	Custodial
Speech Pathologist	Food Service
Administrator	Transportation
School Psychologist	Instructional Assistant
Pupil Personnel Worker	
OTHER (please specify title): _	
NOMINEE:	
SCHOOL/DEPARTMENT:	
POSITION:	
the normal course of duty and re	vee's actions characteristic of someone who goes above and bey esponsibility to help students reach higher levels of success? Ple y attach a separate sheet of paper)
NOMINATOR CONTACT INFOR	RMATION (REQUIRED)
NAME:	RMATION (REQUIRED)
NAME: ADDRESS:	RMATION (REQUIRED)
NAME:	RMATION (REQUIRED)

Please return this form to the Board of Education's Office of Public Information, 108 Washington Street, Cumberland, or via email to mia.cross@acps.k12.md.us no later than May 16, 2014.