**PARTNERSHIP IN EDUCATION AWARD**

**Nomination Form**

|  |  |
| --- | --- |
| Name of Educator:  |  |
| Title or Position of the Nominee: |  |
| Name of School and School District: |  |
| Contact Information: Address and Phone Number | Individual: | School: |

Award Package must include:

1. Completed Nomination Form
2. Recommendation/Endorsement Letter from Supervisor or Principal
3. Résumé or Curriculum Vitae or Biography
4. Other supporting documentation (optional)

Return documents to aerophyzsociety@gmail.com.

**Describe the accomplishments of the educator, separated by: (use no more than 2000 words total)**

|  |
| --- |
| **Criterion 1: Significant accomplishment(s) warranting Aerospace Physiology Society recognition.** |
|  |
| **Criterion 2: Evidence of impact on students, the school and school district.** |
|  |
| **Criterion 3: Demonstrated professional and technical performance in the teaching of life science.** |
|  |
| **Criterion 4: Innovative and creative teaching practices.** |
|  |