



Nomination to Sturgeon Public Schools Board of Trustees

CONFIDENTIAL SUBMISSION

Nominator's Information

(if more than one nominator, please provide details)

Full Name: _____

Job Title: _____

Phone: _____

Email: _____

Nominee's Information

Full Name: _____

Job Title: _____

Phone: _____

Email: _____

Why does this person deserve to be recognized for exceptional service? (specific examples of extraordinary contributions to: students; colleagues; community; programs; division-at-large)

(Please use reverse or attach additional sheets as required)

Date: _____

Nominator's Signature(s): _____