

# SUPERINTENDENT'S AWARD NOMINATION FORM

Please list 3 reasons you feel this person should be nominated for this award:

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name (optional): \_\_\_\_\_

Nomination Name: \_\_\_\_\_

Form may be turned into any school or the district office.

You may also email: [raaschk@colton.k12.or.us](mailto:raaschk@colton.k12.or.us) or mail to:

Superintendent's Nomination  
30429 S Grays Hill Road  
Colton, OR 97017