

ALAS



Association of Latino Administrators & Superintendents
Superintendent and Administrator of the Year – 2019
Nominations Form

State or State Affiliate List of Nominees Certification

(To be completed by the State or State Affiliate)

Latinx Superintendent of the Year

Prefix _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Latinx Serving School District Superintendent of the Year (LSSD)

Prefix _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Latinx Administrator of the Year

Prefix _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Latinx Serving School District Administrator of the Year (LSSD)

Prefix _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

This form is to certify that the above-named nominees were selected by the members or organized board of

This is to certify that I acknowledge and endorse the nominations of the above-named individuals on behalf of

Name of State Affiliate/ Organizing State

Phone Number

Signature of State Affiliate President/Chair/ Organizing Board Chair

Date