

**(Part A- Nomination Form)**

**2008 TOM HORN MEMORIAL AWARD**

**Person Being Nominated-“The Nominee”**

Nominee’s Name: \_\_\_\_\_ School Dist. \_\_\_\_\_

Home Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Job Title: (current) \_\_\_\_\_ Years Served (current position) \_\_\_\_\_

Job Title: (related positions held)

Position: \_\_\_\_\_ Years Served: \_\_\_\_\_

Position: \_\_\_\_\_ Years Served: \_\_\_\_\_

Position: \_\_\_\_\_ Years Served: \_\_\_\_\_

**Persons Recommending this Nominee “Nominators”:**

*Application must be submitted by two co-nominators, that are not related by marriage or birth to the person being nominated, who have knowledge of or about the nominee’s work experiences and service to his/her school and community. Additional persons may provide supporting information by completing a Part B.*

Co-Nominator #1: Name (Print): _____	Signature: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone #: _____	E-Mail: _____
Your relationship to nominee: (co-worker, supervisor, etc) _____	

Co-Nominator #2: Name (Print): _____	Signature: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone #: _____	E-Mail: _____
Your relationship to nominee: (co-worker, supervisor, etc) _____	

**(Part "B"-Service Description & Qualification)**

*Supporting information for the nomination of*

(Name of Nominee) \_\_\_\_\_ (School District) \_\_\_\_\_

**This form may be duplicated and provided to additional persons willing to provide supporting information about the nominee.**

The Tom Horn Memorial Award is presented to a Transportation Director, Supervisor or Administrator that has exhibited outstanding leadership and service to his/her school, community and to the safe transportation of children in Iowa. Please explain in as much detail as possible why the above nominee should be considered for this award. Include specific examples of committees served-on, projects completed, deeds performed or actions taken by the nominee that have had a profound impact or outcome on his/her school and community; as well as the district's school transportation program.

**(If additional space is needed, you may use the back of this sheet or attach this form to additional sheets before returning to IPTA. This form MUST BE ATTACHED to all supporting information.)**

Signature: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

*(Return all supporting documents from all contributors in a single envelope to IPTA by the deadline below.)*

**RETURN PARTS A & B NO LATER THAN JUNE 1, 2008 TO:**

Tom Horn Memorial Award  
Iowa Pupil Transportation Association  
6000 Grand AV, Des Moines, IA 50312-1417  
Fax: (515) 243-4992

**Questions: Dave Kramer (515) 247-4693; or E-Mail: dkramer@ia-sb.org**

*For IPTA Use:*

*Date Rec:*

*Position:*

*Membership:*

*Exp.:*

*Conference Attendance:*