

Schools of Excellence in Arts Education Award Nomination Form

Please type or print.

Nominated School

School Name _____

Principal _____ School District _____

School Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Grade Levels _____

Information Regarding Nominator (*if not the school principal*)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

**This form, together with completed checklist, nomination narrative,
and work samples, must be received by March 30, 2012.**

**Mail To: ArtsEd Washington
Attn: School of Excellence in Arts Education
158 Thomas Street, Suite 16
Seattle, WA 98109**