

COMMUNITY PARTNER NOMINATION FORM

Wisconsin Head Start Association

22nd Annual Achieving Excellence Awards

Nominee

Name/Title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Program Sponsor

Program: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

CATEGORY (Check One):

- Local/Community Partner
- Legislative Partner (Local, State, National)
- State/National Partner

Please complete an informational narrative on the nominee to include information on the positive impact the nominee has provided to Head Start staff, parents, and/or children. Partnerships and collaboration activities and efforts are the key focus for these awards. Please be very specific about the nominee's contributions, including amount of time (months, years, etc.) the nominee has been a partner.

Please return nominations by FRIDAY, SEPTEMBER 5, 2008 to:

Wisconsin Head Start Association
122 East Olin Avenue, Suite 110
Madison, WI 53713
PHONE: 608-442-6879
FAX: 608-442-7672
kovarik@whsaonline.org