NATIONAL EXEMPLARY BULLYING PREVENTION PROGRAM AWARD

PERSON MAKING NOMINATION

Last Name _____ First _____ Title_____

Agency_____ District_____

Phone_____ Fax_____ E-Mail_____

Street Address _____

City _____ State _____ Zip _____

Program Name_____

Nominee's Agency:_____

National Exemplary Bully Prevention Program Nomination

Please briefly indicate the reason you have nominated this program and the positive impact you feel it has made on your school/community. Please include how long the program has been in place in your area, and the number of participants that are involved in the nominated program. You may submit any news articles (not videos) that have been published about your program/initiative and attach to this submission. Those selected will be recognized at the 2012 National Conference on Bullying (February 15-17, 2012 in Orlando, Florida)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Attach additional information if necessary)

Will members of this agency/district nominated for an award be attending at the 2012 National Conference on Bullying in Orlando, FL? Yes - ☐ N0 - ☐ // How many members of your agency will be attending? _____

Submission deadlines: All nominations must be received by **January 10, 2012.**

Mailing address: School Safety Advocacy Council (Awards Committee) PO Box 384, Venice, Florida 34284
or fax to: (941) 296-7963.
Nominations may also be e-mailed to RESOURCER@AOL.COM