**Demographics Form for Awards**

**MO-CEC**

**(Please contact me at the email below if there are questions.)**

**Linda L. Pflug lpflug@senecar7.com**

|  |  |
| --- | --- |
| Full Name of Nominee(please check spelling) |  |
| Street Address |  |
| City and State |  |
| Zip/Postal Code |  |
| Nominee’s Sex |  |
| Nominee’s Birthdate |  |
| Nominated for which Award  |  |
| E-mail Address |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| Parent/Guardian Name(s)(if under age of 18 years old) |  |
| Parent/Guardian E-mail Address |  |
| Nominee’s School and Grade Level |  |
| School Phone Number |  |
| School Fax Number |  |
| School E-mail Address |  |
| Principal’s Name |  |
| Principal’s E-mail Address |  |
| School District |  |

**Part 2: Nominator Information**

Name of Nominee:

|  |  |
| --- | --- |
| Nominator’s Name |  |
| Street Address |  |
| City and State |  |
| Zip/Postal Code |  |
| Home Phone | ( ) |
| Work Phone | ( ) |
| Cell Phone | ( ) |
| Fax Number | ( ) |
| E-mail Address |  |
| How do you know the nominee? |  |
| Are you a CEC member? |  |
| If yes, list your CEC ID number |  |
| If this nomination is being made by a CEC Chapter or subdivision, please indicate the name |  |
| Nominator’s Signature |  |
| Date |  |