

FLORIDA NAS SUMMIT



(Please type or print all information)

NAME OF CENTER: _____

PARENT/GUARDIAN OF THE YEAR AWARD

Center Directors are encouraged to select one parent or guardian that has displayed a generous degree of support for students and Center activities.

Parent of the Year: _____

Brief quotation as to why you have selected this awardee **(no more than 25 words)**: _____

COMMUNITY SERVICE AWARD

Community Service Awards will be awarded to individual students in grades K-12 who have completed community service projects in their communities and met the criteria established by their Centers. Each Center may select one individual for recognition at the Summit.

Candidate's Name: _____ Age: _____ Grade: _____

Brief quotation as to why you have selected this awardee **(no more than 25 words)**: _____

CENTER OF EXCELLENCE ACHIEVER OF THE YEAR

Name of Achiever: _____

Brief quotation as to why you have selected this awardee **(no more than 25 words)**: _____

Note that this Achiever may compete for the annual Dr. Israel Tribble, Jr., Florida Achiever of the Year Award by completing and submitting the application for that award.

Please email the required information to Monica Montes, Florida Education Fund, mmontes@fefonline.org, by the deadline. **Please note that we will not have time to edit the quotations, so only the first 25 words will be used in the Awards/Recognition presentation.**