

## Dr. Arthur Steinhaus Professional Association Nomination Form

### Nominator Information:

Name of person making the nomination:

Home Address:

Home E-mail:

Home Phone:

School Address:

School Phone:

School Fax:

IAHPERD Membership Number:

IAHPERD District:

### Candidate Information:

Name and position of nominated candidate for the Steinhaus Professional Association Award:

Address:

Phone:

E-mail:

Fax:

### Newspapers

Name of Newspaper(s)

Address:

Phone:

Editors E-mail Address:

Fax:

### Letter of Nomination

Give an explanation of the candidate's significant contribution to IAHAPERD or to the profession in general and detail the reasons the candidate is being nominated for the Steinhaus Award. This letter should be no longer than two pages in length.

