



BCEA Gala Awards Nomination Form

Name of Nominee: _____

(circle one) Student/Graduate BCEA Member Administrator Elected Official

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ Work Phone: () _____

Personal Email: _____

❖ For Student/Graduate only:

NJ Public School Attended: _____

❖ For BCEA Member, Administrator, Elected Official only:

School/Worksite: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

❖ For BCEA Member only:

Local Association: _____

Person making nomination: _____

Cell Phone: () _____ Email: _____

Please include the following documents with this form:

- A typed statement of at least 250 words outlining why this person qualifies for the award.
- At least one typed letter in support of the nomination.

*Forms and supporting documents are due to the BCEA Office
no later than Wednesday, April 5, 2023*