



## MASP After-School Champion Award Nomination

Nominee \_\_\_\_\_

Title of Nominee \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Please submit a brief summary/nomination describing the efforts/accomplishments of the nominee and the impact they or the business has had on after-school.

Impact:    local    regional    state-wide

How likely will the nominee be able to attend the MASP Annual Meeting Award Presentation on February 25, 2010? \_\_\_\_\_

Individual submitting nomination \_\_\_\_\_

Phone \_\_\_\_\_ email address \_\_\_\_\_

Please submit by January 22, 2009 to [msutton@uw-mich.org](mailto:msutton@uw-mich.org) or fax to 517-371-5860