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|  | **Official’s Distinguished Service Award Nomination Form** |

Revised 2022

*Description of Award:* This award is designed to recognize and reward those individuals who go above and beyond in service to their association. This does not require but could involve service to the MSHSL. This award is not based on the person’s ability or skill as an official, but instead is dependent upon the leadership and service provided. This award should go to officials who have made a difference in an association through long term service and commitment.

*Criteria for the Award:*To qualify for this award an official must have been a member of the association and a MSHSL registered official for at least ten years. Service to the association may include current and/or past service.

*Application Timeline and Process:*Deadline for applications is **January 20th**. Award recipients will be selected and notified by mid-February. Awards will be presented at the State Boys Basketball Tournament.

Submit this application form and the requested attachments to:

Minnesota State High School League

Attn: Officials

2100 Freeway Boulevard

Brooklyn Center, MN 55430

Email - [officials@mshsl.org](mailto:officials@mshsl.org);

Fax - (763) 569-0499

The application must be postmarked or submitted electronically to the MSHSL by January 20th.

**ALL REQUIRED INFORMATION MUST BE INCLUDED FOR THE APPLICATION TO BE CONSIDERED**

|  |  |
| --- | --- |
| Date of Application |  |

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| Name of Person being Nominated  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Association & Contact Person (person submitting this application) |  |

Contact information for person who is being nominated for the award:

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| --- |
|  |
| Street |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| City |  | State |  | Zip Code |

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|  |  |  |
| Phone |  | E-Mail |

1. Number of years as a MSHSL Registered Official: \_\_\_\_\_\_\_\_\_
2. Number of years as a member of this association: \_\_\_\_\_\_\_\_\_
3. Leadership positions held and the number of years for each:
4. List and describe service provided to the association. Be specific and include the length of time over which this service was provided. Also include the impact this service has had on the association:
5. Describe service to the MSHSL Official’s Program and member schools:
6. List and describe service to the community, area schools or youth programs:
7. List and describe other service or accomplishments that would be applicable for this award:
8. Please attach two letters of recommendation for this award.
9. Please attach any other information that would support this nomination (not required)

***This application will not be considered unless the entire application is completed. Please note that the MSHSL Awards Selection Committee may request additional information regarding any proposal.***

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| Printed Name of Person Submitting the Application |  | Email Address |

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| --- | --- | --- |
|  |  |  |
| Signature of Person Submitting the Application |  | Date Completed |

Contact information for person who is submitting this application:

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|  |
| Street |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| City |  | State |  | Zip Code |

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|  |  |  |
| Phone |  |  |

**APPLICATION** **MUST BE POSTMARKED OR EMAILED NO LATER THAN January 20th**.