

Crazy Horse Memorial® Educator of the Year Award Nomination Form

NOMINATION DEADLINE: May 31, 2024

Please complete and return this application for your nominee to be considered for the **Crazy Horse Memorial® Educator of the Year Award**. Upon review, the Cultural Programs Manager may request follow-up information via email or phone. The Crazy Horse Memorial® Educator of the Year Award honors a Native or non-Native individual who has made significant contributions to Native American education throughout the previous year. The Educator of the Year is publicly announced at the annual Native Americans' Day Celebrations at Crazy Horse Memorial®. Individuals may not nominate themselves.

Your Information

Name: _____ Relationship to Nominee: _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

Enrolled Tribal Affiliation (if applicable): _____

Nominee Information

Name: _____ Current Professional Position: _____

Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

Enrolled Tribal Affiliation (if applicable): _____

The Crazy Horse Memorial® Educator of the Year Award honors an individual who has made significant contributions to Native American education throughout the prior year. First, describe this nominee's contributions within the year.

Please provide background on the nominee's educational background that led up to these achievements.

Why should this nominee receive the Crazy Horse Memorial® Educator of the Year Award?

For questions please contact **Cultural Programs Manager at 605-673-4681, X 286**

Please return both nomination pages to:

culturalprograms@crazyhorse.org or mail to

Travis Dewes, Cultural Programs Manager

12151 Ave of the Chiefs, Crazy Horse, SD 57730-8900

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If there are other references who can speak to this nominee's impact on Native American education, please list them here. The Cultural Programs Manager may contact these individuals for more information in order to provide the Selection Committee with the fullest picture possible.

Name: _____	Relationship to Nominee: _____
Phone: _____	Email: _____
Enrolled Tribal Affiliation (if applicable): _____	

Name: _____	Relationship to Nominee: _____
Phone: _____	Email: _____
Enrolled Tribal Affiliation (if applicable): _____	

Name: _____	Relationship to Nominee: _____
Phone: _____	Email: _____
Enrolled Tribal Affiliation (if applicable): _____	

The Crazy Horse Memorial® Educator of the Year Award provides a \$1,000 grant to the recipient's choice of school library or to a Program of his or her choice that helps advance Native American education. What is one, or a few, libraries or Programs that, if selected, this Nominee may choose as the recipient of this grant?

Use this space to provide any additional information that you wish the Selection Committee to know:

For questions please contact **Cultural Programs Manager at 605-673-4681, X 286**

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