

**NEA RETIRED DISTINGUISHED SERVICE AWARD
QUALIFYING CHECKLIST**

This document is shared for informational purposes only.

This checklist will be used by the Distinguished Service Award Committee members to determine that the nomination criteria has been fulfilled.

NOMINEE: _____

NEA RETIRED MEMBER SINCE: _____

NEA-RETIRED STATE ASSOCIATION: _____

_____ THIS IS THE ONLY NOMINEE FROM THIS STATE

_____ NOMINATION WAS RECEIVED BY THE DEADLINE OF APRIL 15

_____ OFFICIAL NOMINATION FORM WAS COMPLETE

_____ SUPPORTED BY THE RETIRED LOCAL ASSOCIATION PRESIDENT or other member if there is no local

_____ SUBMITTED BY THE NEA-RETIRED STATE ASSOCIATION PRESIDENT

_____ NOMINEE HAS BEEN AN NEA-RETIRED MEMBER FOR A MINIMUM OF FIVE YEARS

NO MORE THAN 3 LETTERS OF SUPPORT AS FOLLOWS:

_____ LETTER OF SUPPORT FROM NEA RETIRED STATE ASSOCIATION PRESIDENT AND NO MORE THAN 2 PAGES IN LENGTH

_____ LETTER OF SUPPORT FROM RETIRED LOCAL ASSOCIATION PRESIDENT IF A LOCAL EXISTS AND NO MORE THAN 2 PAGES IN LENGTH

_____ LETTER OF SUPPORT FROM AN ACTIVE OR RETIRED MEMBER AND NO MORE THAN 2 PAGES IN LENGTH