

**TSTA Ronnie Ray ESP of the Year Award  
DATA SHEET**

*You must use this form to submit the data sheet. Failure to provide all requested information may result in disqualification.*

**NOMINEE INFORMATION**

Nominee: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School/Worksite: \_\_\_\_\_ District: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of Years as NEA Member \_\_\_\_\_

**FEDERAL, STATE, OR DIRECT AFFILIATE INFORMATION**

President: \_\_\_\_\_

Affiliate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**LOCAL AFFILIATE INFORMATION**

President: \_\_\_\_\_

Affiliate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_