

Nominations for Membership on the Washington State Native American Education Advisory Committee (WSNAEAC)

Name of person nominated:		Tribal Affiliation:	
Mailing address:		Phone number:	
		Email Address:	
		Position nominated for:	

Name of organization or tribe nominating:	
Address of organization or tribe nominating:	
Contact person for organization or tribe:	
Organization or tribe phone number:	
Organization or tribe email:	

Nominated by:	
☐ Tribe ☐ Statewide Education Organization (i.e., WSSDA, WEA, WASA, AWSP) ☐ Title VI Committee ☐ Johnson-O'Malley Committee ☐ Post-Secondary Education Institution	☐ Native American College Organization ☐ Native American Organization ☐ Native American Health Organization ☐ Educational Service District ☐ State-Tribal Compact School ☐ School District



Statement:

The above-named person was nominated by (Name of Organization)

Signature:

Date:

Qualifications of nominee:

List qualifications of the person nominated for the benefit of the review subcommittees. Please use additional pages as necessary.

