

BREAKING BOUNDARIES AWARD

Nominee: _____ Anticipated Graduation date: _____

Address: _____ Phone: _____

Parent or Guardian Names: _____

Nominated by: _____ Nominator's Email Address: _____

Information to be completed by person nominating:

New Prague High School Academics and IEP Achievements:

Contributions to NPAS and Community: (Extra curricular, and/or volunteer, experiences)

Character of Nominee:

Post High School Plans:



Return to:
New Prague Area Schools
Special Services Department
410 Central Avenue North, Suite 200
New Prague, MN 56071
c/o Julie Larsen



Nominations are due **March 16** to be considered for this current year.