NOMINATION FORM

Criteria and details about this award can be found on the Fred Sowash Memorial Leadership Award page.

| Candidate Information: | |
|------------------------|--------|
| Name: | |
| Employer: | |
| Job Title: | |
| Phone #: | Email: |
| Nominated by: | |
| Name: | |
| Phone #: | Email: |
| | |

In four hundred (400) words or less, explain <u>in detail</u> why the candidate deserves this award. Candidate's achievements must be directly related to CASTO and/or the school bus transportation industry.

(continue description here if necessary)

IMPORTANT: All information on this nomination form must be complete, accurate, and conform to the adopted policies and procedures of CASTO and the Fred Sowash Memorial Leadership Award.

Make 3 (three) copies of this completed form.

Keep one (1) form for yourself.

Mail one (1) form to the CASTO State President.

Mail one (1) form to the CASTO State Secretary.

Must be postmarked no later than February 7.