

MINNESOTA ASSOCIATION OF STUDENT COUNCILS

Advisors' Recognition Information Form

I am eligible for the following recognition as a Student Council Advisor who has served for:

_____ 10 Year Recognition

_____ 15 Year Recognition

_____ 20 Year Recognition

_____ 25 Year Recognition

_____ 30 Year Recognition

ARE YOU RETIRING?

I plan to retire from education on _____, 2021.

_____ I will _____ I will not be a participant at the State Leadership Convention.

Name _____

School _____

Address _____

City, State, Zip _____

Daytime phone number _____
area code extension

Please return this form by March 19, 2021 to:

MASC
2 Pine Tree Drive
Suite 380
Arden Hills, MN 55112

Fax 612-361-6340