

# 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 \_\_\_\_\_, 2023.

\_\_\_\_\_ 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 31, 2023 to:**

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

Fax 612-361-6340