



2009-2010
Minnesota Association of Secondary School Principals
Star of Innovation Award

Application Form

School Name _____ Grade Levels _____

District No. _____

Principal Name _____

School Address _____

City, Zip _____

Telephone Number _____

Years as a Principal _____ Number of students in the school _____

A 1 – 280 students

AA 281-867 students

AAA 868+

MASSP Division _____

Description of the innovative and exemplary program:

How has it impacted your school communities improvement?

What resources are necessary for others to replicate this program?

What advise would you give to the schools wanting to replicate this program?

Brief outline of the Program implementation:

*Submission of pictures and/or video are optional.

Contact information of Program Director:

Name _____

Phone _____

E- mail _____

Would you be willing to present your Star of Innovation Program during a concurrent session at Summer or Winter Workshop?

Yes

Winter

Summer

**THIS FORM MUST BE TYPED OR COMPUTER GENERATED
QUESTIONS? Contact Ann or Nan at 651-999-7333**

Please only submit ONE per school per year

Please submit to you Division President by February 17