



Minnesota Association of Secondary School Principals

Star of Innovation Award Application Form

School Name _____ Grade Levels _____

Name of School District _____

Name of Principal _____

School Street Address _____

City, Zip _____

Telephone Number (with area code) _____

MASSP Division _____

Name of Program _____

Please answer the following questions on a separate sheet/s of paper.

- Description of the program.
- How has it impacted your school?
- What difficulties did you encounter in its implementation?
- What issue/s might another school encounter in replicating this program?
- Do you have any data to show the impact of this program? If so, please share it with us.

Applications must be submitted to MASSP offices by March 1.

PHONE: 612-361-1510 • FAX: 612-361-6340

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

Questions? Please contact:
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612-361-6159