### Star of Innovation Award Application Form

**School Name** _____________________________________________________ **Grade Levels** ______________

**Name of School District** ____________________________________________________________________

**Name of Principal** _________________________________________________________________________

**Application Submitted By** __________________________________________________________________

**School Street Address** _____________________________________________________________________

City, Zip________________________________________________

**Telephone Number**________________________________________________________________________

**MASSP Division** __________________________________________________________________________

**Name of Program** _________________________________________________________________________

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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.

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Questions? Please contact:  
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