



Minnesota Association of Secondary School Principals

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 _____

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:
Dave Adney, Executive Director
612-361-6159