



**State Athletic Director of the Year Nomination  
Iowa High School Athletic Directors Association**

\_\_\_\_\_ Senior High School \_\_\_\_\_ Middle School

Name of Nominee: \_\_\_\_\_  
(Last) (First)

IHSADA District: **NW . SW, Central , NE , SE**

School District: \_\_\_\_\_

Years of Service (Minimum 5): \_\_\_\_\_ Date of Nomination: \_\_\_\_\_

IHSADA Activities & Contributions (check all that apply):

\_\_\_\_\_ State Executive Board

\_\_\_\_\_ District Officer

\_\_\_\_\_ State Convention Presenter

\_\_\_\_\_ State Convention Presider/Recorder

\_\_\_\_\_ District Meeting Presenter

*\* Previous State Athletic Director of the Year recipients will not be eligible to receive the State award a second time at the same level of recognition*

**Include:**

- **Professional Resume including school activities & contributions and IHSADA involvement**
- **Three Letters of Recommendation**
- **Recent Photograph**

Please complete and return this nomination form by October 20th to:

David Huff  
91 S Townline Road  
Greenfield, Iowa 50849

Form Distribution:

*IHSADA Newsletter*  
*IHSADA Website*  
*IHSADA September EX/DD Meeting*  
*IHSADA District Directors*