



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

**\*\*\* AD of the school must be an IHSADA Member**

\_\_\_\_\_ District (NW,NE, Central, SE, SW)

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

IHSADA District: \_\_\_\_\_

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

Years of Service: \_\_\_\_\_ Date of Nomination: \_\_\_\_\_

**Include:**

- **Professional Resume including school activities & contributions and IHSADA involvement**
- **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 District Directors*