



**MARYLAND COMMUNITY
ACTION PARTNERSHIP**

**Annual Human Services Conference
Celebrating
“Innovation: Changing with Time”
May 12 – 14, 2015**

**Parent of the Year
Submission Form**

Head Start Programs please complete the information requested below about your agency’s Parent of the Year and submit the form electronically via email on or before March 30, 2015.

Date you completed this form: _____

Parent of the Year Nominee: _____

Please PRINT and check the spelling of the name before submitting this form.

Name of the Agency: _____

Please PRINT the Full Name of the Agency – No abbreviations please.

Name of the contact person submitting this form: _____

How can you be reached?

Telephone number: (_____) Fax Number: (_____)

Email Address: _____

Please cite the outstanding work and/or major accomplishment in 100 words or less about your nomination. Use the box below to complete your submission.

This is a test of the number of words to be placed in this box. All over 100 words that exceed the length of the accomplishments by the candidate will not be included in the souvenir book. The number of words total in this box is the exact number of words that will be accepted.