



MINNESOTA SCHOOL COUNSELORS ASSOCIATION

RETIREMENT RECOGNITION

IDENTIFYING INFORMATION

Name: _____

School Name: _____

School Address: _____

_____ Zip Code: _____

School Phone: _____ Home Phone: _____

TOTAL NUMBER OF YEARS IN EDUCATION: _____

TOTAL NUMBER OF YEARS IN COUNSELING: _____

DATE OF RETIREMENT: _____

INDIVIDUAL SUBMITTING INFORMATION

Name: _____

Address: _____

_____ Zip Code: _____

Phone: _____

Submit ALL materials by MARCH 1st in triplicate (3 separate packages) and mail to:

MSCA Awards Chairperson
Shelly Landry
Webster Complex
425 5th St. NE
Minneapolis, MN 55413