

Crazy Horse Memorial® Educator of the Year Award Nomination Form

NOMINATION DEADLINE: May 31, 2025

Please complete and return this application for your nominee to be considered for the **Crazy Horse Memorial® Educator of the Year Award**. Upon review, the Director of The Indian University of North America® may request follow-up information via email or phone. The Crazy Horse Memorial® Educator of the Year Award honors a Native or non-Native individual who has made significant contributions to Native American education, either in the traditional or non-traditional classroom setting. The Educator of the Year is publicly announced at the annual Native Americans' Day Celebration at Crazy Horse Memorial®. Individuals may not nominate themselves.

Nominee Information

Name: _____ Current Professional Position: _____
Address: _____ City: _____ State/Province: _____ Zip/Postal Code: _____
Phone: _____ Email: _____
Enrolled Tribal Affiliation (if applicable): _____

The Crazy Horse Memorial® Educator of the Year Award honors an individual in the following categories (please select one that applies to the Nominee's work):

- PreK-Grade 12 Education (Administration, Classroom, etc.)
- Collegiate, University, Vocational and Technical Education
- Community Educator

Describe this nominee's contributions, please keep to a **750 word** limit.

For questions please contact **Director of The Indian University of North America®** at 605-673-4681

Please return both nomination pages to:

indianuniversity@crazyhorse.org

or mail to **Director, The Indian University of North America®**

12151 Ave of the Chiefs, Crazy Horse, SD 57730-8900

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If there are **other references** who can speak to this nominee's impact on Native American education, please list them here. The Director of The Indian University of North America® may contact these individuals for more information in order to provide the Selection Committee with the fullest picture possible.

Name: _____	Relationship to Nominee: _____
Phone: _____	Email: _____
Enrolled Tribal Affiliation (if applicable): _____	

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Name: _____	Relationship to Nominee: _____
Phone: _____	Email: _____
Enrolled Tribal Affiliation (if applicable): _____	

Your Information

Name: _____	Relationship to Nominee: _____		
Address: _____	City: _____	State/Province: _____	Zip/Postal Code: _____
Phone: _____	Email: _____		
Enrolled Tribal Affiliation (if applicable): _____			

Use this space to provide any additional information that you wish the Selection Committee to know:

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