

**ADMINISTRATOR OF THE YEAR AWARD
APPLICATION**

1. How does your administrator support you?
 - A. _____
 - B. _____
 - C. _____

2. How does your administrator demonstrate awareness of DMA educational program?
 - A. _____
 - B. _____
 - C. _____

3. How is your administrator receptive to new ideas?
 - A. _____

 - B. _____
 - C. _____

Administrator _____ Dietary Manager _____
Facility _____
Address _____
City/ State/ Zip Code _____

You may download this form, fill it out and mail, or e-mail as an attachment.
Please return by September 1st
To: Current State President