



# Minnesota Association of Secondary School Principals



## Star of Innovation Award Application Form

School Name \_\_\_\_\_ Grade Levels \_\_\_\_\_

Name of School District \_\_\_\_\_

Name of Principal \_\_\_\_\_

Application Submitted By \_\_\_\_\_

School Street Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

MASSP Division \_\_\_\_\_

Name of Program \_\_\_\_\_

Please answer the following questions on a separate sheet/s of paper.

- Description of the program.
- How has it impacted your school?
- What difficulties did you encounter in its implementation?
- What issue/s might another school encounter in replicating this program?
- Do you have any data to show the impact of this program? If so, please share it with us.

Applications must be submitted to MASSP offices by March 1.

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Questions? Please contact:  
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