

# 2011 Nomination Form

## Valuing Diversity Award

This form, or a photocopy, **must be used** to submit nominations. It takes the place of any résumé or vitae. A criteria explanation is required (two pages maximum). You may also attach a total of two pages of supporting documents, such as newspaper articles and letters of support. Nominations must be submitted to your region president or designee for selection and forwarding to state ACSA.

**Please note: Nominees must be ACSA members in order to be eligible for this award.**

### CRITERIA

**Attach an additional two pages maximum explaining how your nominee meets these criteria, providing specific examples.** These two pages are in addition to your two optional pages of supporting documents. Awarded to an ACSA member who:

- Fosters positive district office and school climates that promote the awareness and celebration of diversity.
- Empowers and supports staff to take risks in developing programs for all students.
- Develops strong community partnerships to ensure success for all students.
- Models and values the maintenance of high academic standards for all students.
- Involves educators and the community in the development of effective and comprehensive outreach and community programs that address issues of diversity.
- Shares pertinent information regarding diversity with parent and professional organizations.

### AWARD NOMINEE

Name of Nominee \_\_\_\_\_ Region # \_\_\_\_\_

Current Position/Title \_\_\_\_\_

School or District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### NOMINATED BY

Name \_\_\_\_\_ Region # \_\_\_\_\_

Title \_\_\_\_\_

School or District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### REGION APPROVAL

Region President or Designee \_\_\_\_\_ Region # \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Work Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ **Region Deadline** \_\_\_\_\_

**NOMINATIONS MUST BE SUBMITTED TO YOUR REGION. CHECK WITH REGION PRESIDENT FOR DUE DATE. REGION PRESIDENTS MUST FORWARD TO STATE ACSA BY FEBRUARY 7, 2011.**

**PROFESSIONAL GROWTH**

Please select no more than five major activities in each category, confining your responses to this page.

**A. NOMINEE’S EDUCATIONAL EXPERIENCE**

Positions Held	School Systems/Firms	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**B. ACSA MEMBER SINCE\* \_\_\_\_\_ (YEAR)** \*Nominee must be a current ACSA member to be eligible for this award.

**C. MEMBERSHIPS/OFFICES HELD IN OTHER PROFESSIONAL ORGANIZATIONS/DATES:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**D. PUBLICATIONS/ARTICLES/PRESENTATIONS/DATES:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**E. COMMUNITY LEADERSHIP/DATES:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**F. OTHER**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Before you submit your nomination, be sure to include:**

- Your completed nomination form (typed versus handwritten).
- (Required) Two pages maximum explaining how the nominee meets the award criteria.
- (Optional) Two pages maximum of supporting documents, such as letters of support or newspaper articles.
- REGION ONLY:** The region president's (or designee's) signature and contact information