

Superintendent and Administrator of the Year - 2018

Association of Latino Administrators and Superintendents

State or State Affiliate List of Nominees Certification

(TO BE COMPLETED BY THE STATE OR STATE AFFILIATE- Please type, word process, or print clearly)

Latino Superintendent of the Year

Name	Prefix	First	Middle Initial	Last	Suffix
-------------	--------	-------	----------------	------	--------

HSSD Superintendent of the Year

Name	Prefix	First	Middle Initial	Last	Suffix
-------------	--------	-------	----------------	------	--------

Latino Administrator of the Year

Name	Prefix	First	Middle Initial	Last	Suffix
-------------	--------	-------	----------------	------	--------

HSSD Administrator of the Year

Name	Prefix	First	Middle Initial	Last	Suffix
-------------	--------	-------	----------------	------	--------

This form is to certify that the above-named nominees were selected by the members or organizing board of _____.

Name of State or State Affiliate

This is to certify that I acknowledge and endorse the nominations of the above-named individuals on behalf of _____.

Name of State Affiliate President/Chair/Organizing Board Chair (please print)

Address of State Affiliate/Organizing State

Phone Number (including area code)

Signature of State Affiliate President/Chair/Organizing Board Chair

Date

Superintendent and Administrator of the Year -2018

Association of Latino Administrators and Superintendents

State Affiliate Nominee's Application Form

(TO BE COMPLETED BY THE NOMINEE SELECTED BY THE STATE AFFILIATE- Please type, word process, or print clearly)

Contact Information – Personal

Prefix First Name Middle Initial Last Name Suffix

Personal Phone Number: (Include Area Code) Personal E-Mail

Contact Information – District

Current Position District Name

District Address Street City State Zip

District Phone (Include Area Code)) Nominee's District E-Mail

Contact Information – School (if applicable)

School Name

School Address Street City State Zip

School Phone (Include Area Code) School Fax (Include Area Code) Nominee's School E-Mail

~ Professional Information ~

Professional Experience (List by most recent, excluding current position/school)

Position Name and Location of District School Dates

Total Number of Years as a Superintendent/Administrator _____

Total Number of Years in Current Position/School _____

TO BE COMPLETED BY NOMINEE

Nominee's Name _____

Professional Preparation (List by most recent)

Degree	Name and Location of Institution	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~ **District and School Information** (to be completed as applicable) ~

Name of School District

Name of School

School District Superintendent's Name

District Phone (including area code)

School District Superintendent's Address

School Superintendent's E-Mail

School District Setting: (check one) Urban Suburban Small Town Rural

School District Enrollment _____ **Students Receiving Free/Reduced-Price Meals** _____ %

School District Ethnic/Racial Composition

_____ % American Indian/Alaskan Native	_____ % Asian
_____ % African-American/Black	_____ % Hispanic/Latino
_____ % Native Hawaiian/Pacific Islander	_____ % Caucasian/White

School's Grade Configuration (check one, if applicable)

- Elementary School Nominee- School's Grade Configuration _____
(must include either pre-K, K, 1, 2, 3, or 4 though older students may attend as well)
- Middle School or High School Nominee – School's Grade Configuration _____
(may NOT include pre-K, K, 1, 2)

School Enrollment _____ **Students Receiving Free/Reduced-Price Meals** _____ %

School Ethnic/Racial Composition

_____ % American Indian/Alaskan Native	_____ % Asian
_____ % African-American/Black	_____ % Hispanic/Latino
_____ % Native Hawaiian/Pacific Islander	_____ % Caucasian/White

TO BE COMPLETED BY NOMINEE

Nominee's Name _____

~ PROFESSIONAL ACTIVITIES, AWARDS, and HONORS ~

Name of Professional Association/Organization	Offices Held / Awards Received	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~ SERVICE TO THE COMMUNITY ~

Name of Community Association/Organization	Offices Held / Awards Received	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~ THREE MOST SIGNIFICANT ACCOMPLISHMENTS AS A Superintendent/Administrator ~

- 1) _____

- 2) _____

- 3) _____

TO BE COMPLETED BY NOMINEE

Nominee's Name _____

IMPORTANT!

ALAS needs a high-quality, color photo of each Nominee. Image files need to be 300 dpi or greater, in jpg./tif. format, a “head shot” with a plain, colored background.

Please include the name and state affiliate or state as the file name
(Ex., Jane Doe- CALSA or Henry Smith, RI).

STATE AFFILIATE CERTIFICATION FORM

The above-named nominee has been nominated to be the _____
Name of State or State Affiliate

Latino Superintendent, HSSD Superintendent, Latino Administrator, or HSSD Administrator
of the year. This form is to certify that the above-named nominee was selected by the members or
organizing board of _____
Name of State or State Affiliate

This is to certify that I acknowledge and endorse the nomination of _____
Name of Nominee

as the _____
Name of State or State Affiliate

Latino Superintendent, HSSD Superintendent, Latino Administrator, or HSSD Administrator

Name of State Affiliate President/Chair/Organizing Board Chair (please print)

Address of State Affiliate/Organizing State

Phone Number (including area code)

Signature of State Affiliate President/Chair/Organizing Board Chair

Date

NOTE TO THE STATE OR STATE AFFILIATE: Please submit this Nominee's Certification with each completed nominee application packet.

Superintendent and Administrator of the Year

NOMINEE'S AFFIRMATION STATEMENT

I do hereby affirm that I plan on remaining in a position of school leadership during the 2017-2018 school year.

I do further affirm that the information included in this application packet is a fair and true representation of the facts of my professional career.

I do hereby grant my permission for any or all of the enclosed materials (including my photo but excluding my home address, home and/or cell phone number, and home e-mail address) to be shared with persons and organizations interested in promoting the ALAS Leaders in Education Awards and its honorees.

PRINTED NAME OF NOMINEE: _____

NOMINEE'S SIGNATURE: _____

DATE: _____