



Superintendent and Administrator of the Year – 2019

State Affiliate Nominee Application Form

To Be Completed by the Nominee Selected by the State Affiliate

Contact Information – Personal

Prefix First Name Middle Initial Last Name Suffix

Personal Phone Number Personal E-Mail

Contact Information – District

Current Position District Name

District Address – Street City State Zip

District Phone Nominee District E-Mail

Contact Information School (if applicable)

School Name

School Address – Street City State Zip

School Phone School Fax Nominee School E-Mail

Personal Information

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

Position	Name and Locations 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

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 Superintendents Name District Phone Number

 School District Superintendents 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: _____
(must include either pre-k, k, 1, 2, 3, or 4 though older students may attend as well)

Middle School or High School Nominee: _____
(may NOT include pre-k, k, 1, 2)

TO BE COMPLETED BY NOMINEE

Nominee Name _____

Professional Activities, Awards and Honors

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

Service to the Community

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



**Superintendent and Administrator of the Year
Nominee Affirmation Statement**

I do hereby affirm that I plan on remaining in a position of school leadership during the 2018-2019 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 Signature: _____

Date: _____