

Recognition Program

DISTINGUISHED ADMINISTRATOR AWARD

At our Summer Conference, a Distinguished Administrator from each division (Elementary, Secondary, Middle Level, Superintendents, Educational Services, and Higher Education) will be honored. These are selected by a committee from the nomination forms submitted.

APPLICATION REQUIREMENTS

- 1. The person selected must be an **active** member of ASA and been a member at least six months. Call 1-800-472-9753 or (602) 252-0361 to verify membership.
- 2. The person is recognized by peers and ASA affiliate members for providing outstanding service to their division, ASA and profession.

Please remember to save filled nomination form to your computer. If you have further questions, call the ASA office at (602) 252-0361 or 1-800-472-9753.

SEND NOMINATION FORM TO ASA at:

ASA, 1910 W. Washington St., Phoenix, AZ 85009 or email to carmen@azsa.org

MUST BE RECEIVED NO LATER THAN: March 28, 2020

SELECTION CRITERIA

- 1. The Administrator acts to produce a positive climate, high morale among students, staff and colleagues, and improved educational programs and student achievement.
- 2. The Administrator is moving successfully to implement the philosophy and goals of the school/district.
- 3. The Administrator involves the community in the life of the school/district and builds community support for education.
- 4. The Administrator is involved in community services outside contractual obligations.
- 5. The Administrator is involved in professional growth education and membership in professional associations.
- 6. Must not have received this Award within the past five years (including this school year).



DISTINGUISHED ADMINISTRATOR AWARD

NOMINATION FORM

Date of Application:			
SECTION I			
Name of Nominee:			
Position:		Ye	ars in Position:
District:			
School:			
Address:			
City:		State:	ZIP:
Phone:	E-Mail:		
Superintendent Secondary Middle Level		Elementary Higher Education Educational Service	es
Award Presented: ASA Sum	mer Conference Aw	ards Luncheon	
Person Nominating this Ca	ndidate and Comple	eting Sections I-V:	
Name:			
Position:			
School/District:			
Address:			
City:		State:	ZIP:
Phone:	E-Mail:		

of the nominee are required (see section VI).
SECTION II
List the activities, projects or programs encouraged, implemented, administered or organized this year to enhance the teaching/learning process and/or operation of his/her school, department, or district.
SECTION III Outstanding Achievements as a School Administrator Identify two achievements in his/her career, and where possible, cite evidence of specific results such as rising test scores; increased participation by students, staff, and community; adoption of a program by other schools; problem solving, etc.
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Directions: In answering sections II-V, the Narrative must be kept brief and is limited to the

space on the nomination form (Arial 12pt Font). Two endorsements in support

SECTION IV

Professional Activities, Awards and Honors

Cite membership in professional organizations and offices held. Also cite service on professional committees, commissions, task forces and other leadership activities. Give names and dates of special awards.					
SECTION V Community Service					
Community Service Cite membership in other organizations - civic, religious, social, athletic, humanitarian, philanthropic, etc. and leadership roles. Cite special awards and dates.					
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SECTION VI

Endorsement #1

I endorse this nomination and offer the following supporting information:

Name:	Positio	n:		
A 11				
City:		State:	ZIP:	
Phone:	E-Mail:			
	ts (optional) in support of this	Nomination:		
Endorsement #2				
	nation and offer the following s	supporting inform	ation:	
I endorse this nomir	_		ation:	
Name:	_	on:		
Name: Address:	Position Position	on:		
Name: Address:	Position	on:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	
Name: Address: City: Phone:	Position Pos	on:State:	ZIP:	