



Texas Educational Support Staff Association, Inc.

Administrator of the Year Application

Guidelines for Nomination

1. Each TESA affiliate may nominate one candidate. Nominations will only be accepted from current year affiliates (August 1 - July 31). Only those nominations submitted on the official TESA nomination form will be considered.
2. Five (5) copies of the nomination form and letter must be submitted.
3. Nominations must be postmarked by February 25. Entries postmarked after that date will not be considered for judging.
4. Mail nomination forms and letter to: TESA Awards Committee
P.O. Box 11825
Killeen, TX 76547
5. The candidates and the sponsoring association will be notified following the judges' decision.

Eligibility

1. The candidate must currently be employed as an educational administrator in the state of Texas.
2. The candidate must have been employed as an educational administrator for a minimum of five (5) years.
3. The candidate must be a member of the state professional association which represents her/his administrative position.

Criteria for Judging

1. 50% - Interest shown in educational office personnel (with special emphasis on TESA activities).
2. 15% - Experience in educational field.
3. 15% - Achievements in the educational field.
4. 10% - Educational (academic) background.
5. 10% - One letter of recommendation from sponsoring association to include at least the following:
 - § Ways in which the administrator has been supportive of the sponsoring association.
 - § Administrator's attitude and philosophy toward her/his staff and the general public.

IN ALL CASES, JUDGES' DECISION WILL BE FINAL



Texas Educational Support Staff Association, Inc.

Administrator of the Year Nomination Form

Name of Candidate: _____
(First, Middle, Last Name)

Address: _____ City/Zip: _____
Street/PO Box

Telephone Number: Home or Cell: _____ Office: _____

Present Position: _____ Number of Years: _____

Educational Institution: _____

Sponsoring TESA Affiliate: _____

Name of Affiliate President: _____

Address of Affiliate President: _____

Affiliate President Telephone: Home or Cell: _____ Office: _____

Educational and Professional Training

Name/Location of College/University	Dates	Degree/Certification

Additional information may be submitted on a separate sheet.

Employment

Name/Location of Educational Institution	Dates	Position

Additional information may be submitted on a separate sheet.

Membership/Leadership in Educational and/or Other Professional Organizations

Name of Organization	Year	Office/Committee

Additional information may be submitted on a separate sheet.

Local/State Awards Received

A letter of recommendation from the sponsoring association must be attached.

Signature of Nominee

Signature of Sponsoring Affiliate President