

Texas Educational Support Staff Association, Inc.

Nelda Van Dyke Award Educational Office Employee of the Year

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.
- Nominations must be postmarked by February 25. Entries postmarked after that date will not be considered for judging.
- 4. Mail nomination forms and letters to: TESA Awards Committee, PO Box 11825, Killeen, TX 76547.
- 5. The candidates and the sponsoring affiliates will be notified following the judges' decision.

Eligibility

- 1. The candidate must currently be an active member of TESA and have held membership for a minimum of three (3) consecutive years immediately prior to nomination.
- 2. The candidate must be a member of the affiliate submitting the nomination.
- 3. The candidate must have been an employee in an educational system for a minimum of five (5) years.

Criteria for Judging

- 1. 50% Professional activity (association and TESA activities and participating with special emphasis on TESA participation).
- 2. 20% Education and workshop participation.
- 3. 15% One letter of recommendation from sponsoring affiliate.
- 4. 15% Contribution to community (areas of impact in addition to education).

IN ALL CASES, JUDGES' DECISION WILL BE FINAL

Revised: August 1, 2022



Texas Educational Support Staff Association, Inc.

Nelda Van Dyke Award Educational Office Employee of the Year

Name of Candidate:				
(First, Middle, Lo	ast Name)			
Address:Street/PO Box		City/Zip:		
Telephone Number: Home or Cell:		Office:		
Employer:				
Position:			Number of Years: _	
Supervisor:				
Title of Supervisor:				
Sponsoring TESA Affiliate:				
Name of Affiliate President:				
Address of Affiliate President:				
Affiliate President Telephone: Home of	or Cell:	Office	e:	
Number of Years as a TESA Member:	Num	ber of Years as a L	ocal Member:	
Have you participated in TESA Profess	ional Enrichment Progr	am (TPEP):	Yes □ No	
Have you received your CEOP Certifica	ation? Yes	No If Yes, date	received:	
Have you maintained your CEOP Certi	fication? □ Yes □	No Updated: C	urrent for	_ year
If you have not received your CEOP Ce answer the questions below:	ertification, but have be	gun working towa	rds your certification,	
How many hours of required 1	TPEP courses have you	completed?		
How many hours of choice TP	EP courses have you co	mpleted?		
How many hours of self-direct	ed study courses have	you completed?		

A letter of recommendation from the sponsoring association stating contributions and/or accomplishments must be attached.

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Educational and Professional Training

Name/Location of Educational Institution	Dates	Degree/Certification

Employment

Name/Location of Educational Institution	Dates	Position

Membership/Leadership in Educational and/or Other Professional Organizations

Name of Organization	Year	Office/Committee

In-Service/Courses Workshops (within the last five years)

Name of Course/Workshop	Sponsoring Agency	Year	Number of Hours

Additional informa	tion may be submitted on a separate sheet.
Signature of Nominee	Signature of Sponsoring Affiliate President

Application Deadline: February 25

Return to:

Scholarship Chairman TESA Central Office P.O. Box 11825 Killeen, TX 76547

Revised: August 1, 2022