



# 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.
3. 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**



## Texas Educational Support Staff Association, Inc.

### Nelda Van Dyke Award Educational Office Employee of the Year

Name of Candidate: \_\_\_\_\_  
(First, Middle, Last Name)

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Street/PO Box

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 or Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Number of Years as a TESA Member: \_\_\_\_\_ Number of Years as a Local Member: \_\_\_\_\_

Have you participated in Staff Training for Effective Management (STEM):  Yes  No

Have you received your CEOP Certification?  Yes  No If Yes, date received: \_\_\_\_\_

Have you maintained your CEOP Certification?  Yes  No Updated: Current for \_\_\_\_\_ year

If you have not received your CEOP Certification, but have begun working towards your certification, answer the questions below:

How many hours of required STEM courses have you completed? \_\_\_\_\_

How many hours of choice STEM courses have you completed? \_\_\_\_\_

How many hours of self-directed study courses have you completed? \_\_\_\_\_

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

## 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 information 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**