SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
BETTY BLANTON EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR

Guidelines for Nomination

1. One candidate may be nominated by each SCAEOP affiliate association of the current affiliation year.
2. Four (4) copies of the application must be submitted. DO NOT send scrapbooks, newspaper clippings, or any other materials. All materials must be submitted by sponsoring association at one time and no materials will be returned
3. A twenty-five dollar ($25) non-refundable fee payable to SCAEOP must accompany nomination. Fees will be used to help defray expenses for the winner to attend the annual meeting. (The winner will receive reimbursement for one night's lodging at the conference rate and the cost of the awards luncheon.)
4. Application materials must be POSTMARKED BY DECEMBER 1.
5. All candidates and the sponsoring associations will be notified immediately after the judges' decision is final.
6. An inscribed plaque will be presented to the winner at the awards luncheon.
7. Nominations that do not follow guidelines will not be submitted to the judges for consideration.

Eligibility

1. Candidate must be a current member of SCAEOP. *Members of SCAEOP Executive Board are eligible for this award.*
2. Candidate must currently be a NAEOP member and must have held membership for a minimum of three (3) consecutive years immediately prior to nomination.
3. Candidate must be a member of the local association for office professionals.
4. Candidate must currently be employed as an educational office employee with a minimum of five (5) years' experience in any educational institution, agency, public or private school, institution of higher learning, etc.

Criteria for Judging

1. Recommendation of sponsoring association (Form I)..... 10%
2. Education, PSP certificates, in-service courses completed (Form 11) 20%
3. Membership/leadership roles in educational professional associations (local, state, national) (Form II) 20%
4. Other professional associations. ..... 10 %d
5. Community activities (areas of impact in addition to education) (Form II) 5%
6. Professional ratings (supervisor or personnel director) (Form III) 15%
7. Letters of recommendation (maximum of three)..... 20%

In all cases, the decision of the judges is final.

Rev. 2004, 2008, 2011, 2013, 2014, 2015, 2016, 2017, 2026

South Carolina Association of Educational Office Professionals Betty Blanton Educational Office Professional of the Year Nomination Form

Candidate's Personal Data:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Office Telephone: _____ Home Telephone: _____ Cell: _____

Email Address: _____

Candidate's Employment:

Employer: _____
Name Location

Position: _____

Immediate Supervisor (if applicable): _____

Basis for Selection of Nominee: _____

_____

_____

Sponsor:

Name of Sponsoring Affiliate: _____

Name of Affiliate President: _____

Address of Sponsor: _____
Street City State Zip Code

Telephone of Sponsor Office: _____ Home: _____

Signature of Sponsor: _____ Date: _____

Submission information:

Submit four (4) copies of Forms I, II, and letters of recommendation to:

Sharon Price
Chesterfield County School District
401 West Blvd
Chesterfield, SC 29709

Nominations must be postmarked by November 1. Form I
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(To be completed by the candidate)

Name: _____ Position held: _____ Number of Years: _____

Address: _____

Supervisor: _____ Title: _____

Business Address of Supervisor: _____

Email: _____

Previous Positions Held:
List positions on a separate sheet using the following format:

Title of Position	Place of Employment	From	To

Education (include high school):
List schools on a separate sheet using the following format:

Name of Course/Degree	Institution	Credit Hrs.	Year

Professional Standards Program Certificate(s) Held (indicate by filling in the year received):

Basic _____ ASSOC. PFOF. _____ Advanced I _____ Advanced II _____ Advanced III _____

Associate Degree _____ Bachelor _____ Master _____ Doctoral _____ CEOE _____

In-service Courses Completed (include last 10 years):
List in-service courses completed in the last ten years on a separate sheet using the following format:

Name of Program/Course	Sponsored By	Credit Hrs.	Year

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Membership/Leadership Roles in Educational Professional Associations:

	Association	Yrs. Member	Office/Committee	Year(s)
National:				
State:				
Local:				

Other Professional Associations:

	Association	Yrs. Member	Office/Committee	Year(s)
National:				
State:				
Local:				

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Community Activity (last 5 years):

	Organization	Community Activity or Office Held	Year(s)
National:			
State:			
Local:			

Signature of Candidate: _____ Date: _____

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Personnel Rating
(To be completed by immediate supervisor of candidate)

Please evaluate candidate with a short narrative in each of the following areas. The rating should cover the past five (5) years of employment, especially noting specific job performance. If in present position less than five years, office professionals should submit copies of performance evaluations from previous positions within the past five years.

OFFICE MANAGEMENT:

INTERPERSONAL RELATIONSHIPS:

LEADERSHIP:

PROFESSIONAL GROWTH:

PROFESSIONALISM:

PUBLIC RELATIONS:

KNOWLEDGE AND SKILLS:

Signature of Candidate Date Signature of Immediate Supervisor Date

Form III
Rev 2004, 2014, 2015, 2016, 2017, 2026