

*South Carolina Association of Educational Office Professionals*



# SCAEOP

**EDUCATIONAL ADMINISTRATOR OF THE YEAR**

**Please read carefully and follow the GUIDELINES**

**\*\*\*Must be POSTMARKED by November 1\*\*\***

***South Carolina Association of Educational Office Professionals  
Educational Administrator 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. (One night's lodging **AT CONFERENCE RATE** and awards luncheon will be provided.)
4. Application materials must be **POSTMARKED BY November 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. Certificates will be presented to all nominees.
7. Nominations that do not follow guidelines will not be submitted to the judges for consideration.

**Eligibility**

1. Candidate must be currently employed as an educational administrator.
2. Candidate must have been employed as an educational administrator for five (5) years.
3. Candidate must be a member of the national educational association which represents his/her professional occupation.

**Criteria for Judging**

- |    |  |     |
|----|--|-----|
| 1. | Support of educational office professionals.....                       | 45% |
| 2. | Experience in educational field.....                                   | 15% |
| 3. | Achievements in the educational field.....                             | 15% |
| 4. | Educational (academic) background.....                                 | 10% |
| 5. | Recommendation of sponsoring Association.....                          | 5%  |
| 6. | Membership/leadership responsibility in professional Associations..... | 5%  |
| 7. | Letters of recommendation (maximum of three).....                      | 5%  |

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

***South Carolina Association of Educational Office Professionals  
Educational Administrator of the Year  
Nomination Form***

**Candidate's Personal Data:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home: \_\_\_\_\_ Office: \_\_\_\_\_

**Candidate's Employment:**

Employer: \_\_\_\_\_  
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: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Information:**

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

Michelle R. Brown  
Fairfield County School District  
1226 U.S. Highway 321 By-pass S  
Winnsboro, SC 29180  
[mrbrown@fairfield1.org](mailto:mrbrown@fairfield1.org)

**Nominations must be postmarked by November 1**

***South Carolina Association of Educational Office Professionals***  
***Educational Administrator of the Year***  
(To be completed by the nominee)

Name: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of Years: \_\_\_\_\_

**Education Positions Held:** (years are to be listed, i.e., 2001-2004)

Title	Place of Employment	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Educational Background:** (years are to be listed, i.e., 2001-2004)

Degree	Name/Location	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Membership/Leadership Responsibility in Educational Professional Associations:** (years are to be listed, i.e., 2001-2004)

Name of Organization	Years	Offices/Committees	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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**Personal Contributions and Achievements in Education:**

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**Local/State/National Awards Received Relative to Work in Education:**

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Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

***South Carolina Association of Educational Office Professionals***  
***Educational Administrator of the Year***  
(To be completed by sponsoring association)

**Support of Educational Office Professionals**

**Local:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**State:** \_\_\_\_\_  
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**National:** \_\_\_\_\_  
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Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_