

**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 II) .....  | 20% |
| 3. | Membership/leadership roles in educational professional associations<br>(local, state, national) (Form II) ..... | 20% |
| 4. | Other professional associations .....  | 10% |
| 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.**



**South Carolina Association of Educational Office Professionals**  
**Betty Blanton Educational Office Professional of the Year**  
 (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 positions 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. Prof. \_\_\_\_\_ 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