

SCASC STATE ADMINISTRATOR OF THE YEAR APPLICATION

Instructions:

All information submitted on this form and attachments **must be typed**. You may use a computer provided that all the information is included. Anyone who has received this award in the last five years is not eligible to participate.

Nominee Information:

Name of Nominee _____ Phone (____)_____

Home address _____
Street City Zip Code

School Name _____

School Address _____

Official School Position _____

Number of Years in Present Position _____

Number of Years School Has Been a Member of SCASC _____

Is the nominee a member of the SCASA? _____ Is the nominee's school a member of NASC _____

- I. Describe Student Council activities in which nominee has supported.
- II. List any community involvement.
- III. Describe any SCASC activities in which the nominee may have participated.
- IV. List any other activities/responsibilities/ honors that will support nominee's application.

Attach typewritten recommendations (maximum of one page each) from:

1. Nominee's student council advisor or student council president.
2. Parent or community leader.

Attach a typewritten statement from nominee (maximum of one page) on
WHAT STUDENT COUNCIL IN MY SCHOOL MEANS TO ME

I certify that the above information is accurate.

Signature of advisor _____ Date _____

Mail all application material to Mr. Roger Mize, SCASC Assistant Executive Director,
Laurens District High School
5058 Highway 76 W
Laurens, SC 29360

DEADLINE – must be postmarked by October 30, 2009