

WA-ACTE  
 FAMILY AND CONSUMER SCIENCES EDUCATORS SECTION AWARD FOR  
 Outstanding Service to Family and Consumer Sciences Education

The purpose of this award is to give recognition to individuals who, by their involvement in local schools, have made a significant contribution to Career and Technical Education and Family and Consumer Sciences programs. Individuals and area groups are encouraged to nominate an outstanding individual who is deserving of this honor. Previous nominations may be resubmitted by updating the information.

**Nomination Portfolio:**

A complete application follows the below application procedures. Please use this cover page as a check-off sheet to ensure all the items are included in the application.

**APPLICATION PROCEDURES**

<input type="checkbox"/> A title page which includes the award title, name of nominee their school, and a photograph of the nominee (5x7 glossy).
Pages 1-3: <input type="checkbox"/> Evaluation Form <input type="checkbox"/> Nomination Form <input type="checkbox"/> Endorsement Form
Page 4-8: Support information should include no more than one page in resume' format in each section. <input type="checkbox"/> (page 4) Section A: Professional Memberships and Level of Involvement (include dates) <input type="checkbox"/> (page 5) Section B: Professional Contributions to FCS programs <input type="checkbox"/> (page 6) Section C: Education and Experience Background (to include educational preparation, work experience—including dates of service) <input type="checkbox"/> (page 7) Section D: Civic and Community Involvement (to include civic, fraternal, and/or honorary memberships, community activities and/or contributions) <input type="checkbox"/> (page 8) Section E: Impact of Involvement on Student Success
Pages 9-: Minimum of 5 maximum of ten one page letters of support. These letters should come from the following individuals: <input type="checkbox"/> (page 10) Classroom Teacher <input type="checkbox"/> (page 11) School Administrator; <input type="checkbox"/> (page 12) Students, <input type="checkbox"/> (page13) Parent , advisory board member or community liaison; <input type="checkbox"/> (page14-15) Two additional letters of choice (civil/political/professional association leaders.)
<input type="checkbox"/> All materials word processed or typed
<input type="checkbox"/> One original and five (5) photocopied three-hole punched documents of the completed materials should be submitted.
Please note award recipients original portfolios will be submitted to WA-ACTE for State and National Recognition.

The original portfolio should be sent in a binder, however each additional copy must be three-hole punched and stapled only. All materials must be submitted with the original portfolio package and postmarked no later than **JUNE 1<sup>st</sup>**. Completed materials should be mailed to the current chairperson of the Awards Committee (*Please see Executive board link for current Awards chair [www.wafacse.org](http://www.wafacse.org)*)



WA-ACTE  
FAMILY AND CONSUMER SCIENCES EDUCATORS SECTION AWARD FOR  
Outstanding Service to Family and Consumer Sciences Education  
NOMINATION FORM

Name of Nominee \_\_\_\_\_  
Last First Middle

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

Current Position or Title: \_\_\_\_\_

**CONTACT PERSONS: Please specify which number you are listing, and the best time to call.**

- Spouse/Relative/Friend to be notified secretly in case you are the recipient of this award:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

- Alternative Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime/Cell \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**LOCAL NEWSPAPER/PUBLICITY RELEASES:**

1. Name of Paper \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Contact Person \_\_\_\_\_

2. Name of Paper \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Contact Person \_\_\_\_\_

