Illinois Association of Educational Office Professionals
The State Professional Association of Education Office Professionals
Affiliated with The National Association of Educational Office Professionals

Dena Henricks, CEOE ◇ IAEOP Chair ◇ Illinois Educational Administrator of the Year Chair
Phone: 618-920-3962 ◇ Email: dhenricks@highlandcusd5.org

Form I

Illinois Educational Administrator of the Year

(To be completed by sponsoring association. Must be postmarked by February 1.)

Name of Candidate: _____

Address: _____
Street City State Zip

Home Telephone: _____ Office Telephone: _____

Employer: _____
Address: _____
City: _____ State: Illinois Zip: _____
Position: _____
Immediate Supervisor (if applicable): _____

Is the candidate aware of his/her nomination? ☐ Yes ☐ No
Below: To be completed by Sponsoring Affiliation/Member.
Basis for selection of nominee. (Use other side if more space is needed):

Name of Affiliation & President:

Address of Affiliate President: _____
Street City State Zip

Telephone of Affiliate President: Home: Office:

Signature of Affiliate President/Member: _____ Date: _____

NOTE: **Submit original and three (3) copies** of Forms I, II, and III, and three letters of recommendation to: *Dena Henricks, CEOE, 45A Auburn Ct, Highland, IL 62249.*

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Form II

Illinois Educational Administrator of the Year

(To be completed by nominee.)

Name:		
Position Held:		No. of Years:

EDUCATIONAL POSITIONS HELD

TITLE HELD		PLACE OF EMPLOYMENT / LOCATION		YEAR TO YEAR Ex:1996-2001)

EDUCATIONAL BACKGROUND

DEGREE		NAME/LOCATION		YEAR

MEMBERSHIP/LEADERSHIP REPSONSIBILITY IN PROFESSIONAL ASSOCIATIONS

NAME OF ORGANIZATION		#YEARS		OFFICES/COMMITTEES		#YEARS

(If additional space is needed, use a continuation page in this format.)

Form II a

Illinois Educational Administrator of the Year

(To be completed by nominee.)

PERSONAL CONTRIBUTIONS AND ACHIEVEMENTS IN EDUCATION

Contribution / Achievement / Champion		Outcome
Example: Introduced all day kindergarten		Now offered since 2000

LOCAL/STATE/NATIONAL AWARDS RECEIVED RELATIVE TO WORK IN EDUCATION

Identify Local/State/National		Award		Year

(If additional space is needed, use a continuation page in this format.)

Signature of Nominee _____ Date _____

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Form III

Illinois Educational Administrator of the Year

(To be completed by sponsoring association.)

SUPPORT OF EDUCATIONAL OFFICE PROFESSIONALS

LOCAL:
STATE:
NATIONAL:

(If additional space is needed, use a continuation page in this format.)

Signature of Affiliate President/Member Submitting Application: _____ Date_____