

VIAAA Athletic Director of the Year Nomination Form

Nominee must be a current member of the VIAAA

Check One:

Membership No. _____

Group 1/2 _____

Group 3/4 _____

Group 5/6 _____

Independent _____

Application Packet Due to Shea Collins, CAA (scollins3@rvaschools.net) NO LATER THAN December 1st

Nominee's Name _____

Address _____

Home telephone number _____

School _____

Nomination Submitted by _____

Title _____

Home telephone number _____

School Address _____

Local Newspaper: _____

Local Newspaper Fax Number: _____

Newspaper Contact Person: _____

In addition to the information requested below, the nomination form must include NO MORE THAN three letters of recommendation and a minimum of one letter from a school administrator. One optional letter may be from the nominator and the third from anyone you chose. Please submit all information in typewritten form. Use additional sheets if necessary after completing the top section or the questionnaire.

1. Educational background:
2. Present position, place and address of employment, and years of service:
3. Name, title, and address of immediate supervisor:
4. Brief career summary, starting positions, locations, and length of service:
5. Professional affiliations and activities (e.g., membership in professional organizations, offices held, etc.):
6. Honors and awards received:
7. Services to the community:
8. Significant achievements in the field of interscholastic athletic administration:

VIAAA Use Only

Year Nomination Received _____

Year Two _____

Year Three _____

Letter _____

Athletic Administrator of the Year Questionnaire

Name _____ School _____ Level _____

Please complete the following questionnaire. This must be attached to your application in order for you to be considered for this award.

1. Total number of years you have served as an athletic administrator

(you may include your years as an assistant)

2. Number of playoffs you have directed - District ____ Reg./Sec. Level ____ State Level

3. Professional organizations/associations

	Check if Current Member	Number of Years a member
VIAAA	_____	_____
NIAAA	_____	_____
Coaches	_____	_____
	_____	_____
	_____	_____

4. Professional Conferences Attended

	Check if Attended Current Year	Total Number of Conferences
VIAAA	_____	_____
NIAAA	_____	_____
Coaches	_____	_____
	_____	_____
	_____	_____

5. Professional Certifications (check all that apply)

Safety and First Aid	_____	CPR Certified	_____
ASEP Instructor	_____	Concussion Certified	_____

RAA _____

CAA _____

CMAA _____

LTI Instructor _____

LTI Classes _____

Total number of LTI classes taken _____

6. List leadership positions you have held on each of the following levels

Local/District _____

Regional/Sectional _____

State _____

National _____

7. List honors/awards including the following:

Years your school has won the VHSL Sportsmanship, Ethics & Integrity Award _____

Years your school has won the VHSL Stay in the Game Award _____

Other Awards/honors _____

8. Service to your school and/or community outside of your required duties?

9. Give the top three highlights of your career.