**Northwest Missouri School Counselor Association**

**Professional Recognition**

In an effort to encourage more nominations for Outstanding Counselor Advocate of the year, the Northwest Missouri School Counselor Association is offering an abbreviated nomination form.

This will include the following:

\_\_\_\_\_ Nomination page

\_\_\_\_\_ 2 Letters of support

\*\*In the event that the application is accepted as Northwest’s nominee for state recognition, additional information will need to be completed in a timely manner.\*\*

Nominations must be postmarked or emailed by January 19, 2018

Please send the completed packet to either of the following:

 Nicole Messick

 Lathrop High School

102 N School Dr

Lathrop, MO 64465

816-528-7456

Nicole.messick@lathropschools.com

**NWMSCA Outstanding Advocate of the Year Award**

The purpose of the advocate award is to recognize a person or organization whose advocacy of guidance and counseling services in a school setting has impact for counselors on a local, state or national level.

1. **Eligibility for consideration:**
* Nominee may be a principal, superintendent, school board member,

parent, teacher, community leader, or organization who has consistently made a significant contribution to the improvement of guidance and counseling services in the school setting.

* The nominee should not be actively employed as a school counselor.
1. **Criteria for recognition:**
* Exemplary support of counseling and guidance services.
* Outstanding promotion of counseling and guidance services.
* Implementation of new/additional counseling and guidance services.
* Improvement of existing counseling and guidance services.

 3. **Procedures for nomination:**

* Nominations may be submitted by administrators, counselors, parents, teachers, or community leaders.
* The nominator must submit a nomination packet including:
* Nomination page
* Two letters of support

**Northwest Missouri School Counselor Association**

**Outstanding Counselor Advocate Nomination Form**

NORTHWEST MISSOURI SCHOOL COUNSELOR ASSOCIATION

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

NOMINATOR:

 Name:

 Home Address:

 Home Phone:

 Business Address:

Business Phone:

NOMINEE:

Name:

 Home Address:

Home Phone:

 Business Address:

Business Phone:

Briefly describe the job setting including demographic information, nominee’s program, activity, or contributions occurring within the last five years.