



Florida After School Alliance “Awards Of Excellence 2008”

Nomination Form

The Florida After School Alliance (FASA) is seeking nominees for the “Awards of Excellence 2008” honoring Florida’s exemplary individuals and groups in after school programs. Winners will be recognized for their outstanding commitment to children and their remarkable contributions to the school age care profession at the FASA state conference, September 26, 2008. FASA is hosting these awards to encourage professionalism and excellence in after school programs.

Instructions:

- ◆ **Complete** the information requested below.
- ◆ **Attach** statement with specific examples describing the nominee’s leadership, special talents and contributions, and accomplishments in the field of after school programs. Responses should not exceed **two** typewritten pages.
- ◆ **Fax** the form and **attachments** to **FASA (727)578-2817** by **September 8, 2008**.

Nominee’s Name _____ **Email** _____

Title _____ **Agency/Site** _____

Address _____ **City** _____, **FL** **Zip** _____

County _____ **Phone ()** _____ **Fax ()** _____

Nomination Category (check ONE)

- ___ **Front Line** – Individual who works directly with children, provides supervision and guidance for children. Also does program planning, parent communication & community involvement. Examples: teachers, group leaders, assistants or aides.
- ___ **Supervisor – Single Site** – Individual who supervises/oversees the school-age program at one location. Responsibilities include program implementation, evaluation, staff supervision, parent communication, relationship-building with community.
- ___ **Supervisor – Multi – Site** – Individual who supervises / oversees the school-age program at two or more locations. Responsibilities include program administration, evaluation, supervision, communication, relationship-building with community.
- ___ **Administrator / Central Office / Agency** – Administrator who has embraced and supported the after school program at their school or site, or in their district.
- ___ **Advocacy** – Individual, group or organization that has worked to increase public awareness of the value of quality after school programs and garner support and funding for after school programs for all children.
- ___ **Volunteer** – Individual or groups who have offered volunteer support to after school programs.
- ___ **Public Official** – Public official who has contributed to awareness, support or funding of after school programming.
- ___ **Other** – If your nominee fits a unique category not listed, please give complete details.

Sponsor’s Name _____ **Email** _____

Title _____ **Agency/Site** _____

Address _____ **City** _____, **FL** **Zip** _____

County _____ **Phone ()** _____ **Fax ()** _____

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