

# Missouri Special Needs Association 2009-2010 Service Award Application

## EDUCATOR OF THE YEAR

The purpose of this award is to recognize an individual for an outstanding performance of his/her duties in one of the following areas: Vocational Resource Educator (VRE)/Counselor and/or Vocational Evaluator.

1. Nominee must be an active member of ACTE, Missouri ACTE, and Missouri Special Needs Association. Must be a member for five (5) years or more.
2. Application must be typed including question/answer page. Question/answer page should not exceed one (1) page.
3. Minimum of three (3) letters of recommendation
4. The application must be received by May 15, 2010. Electronic applications will be accepted.

Submit to:

Mark Sponaugle  
Carthage Technical Center  
609 River Street  
Carthage, MO 64836  
(417) 359-7026 FAX (417) 359-7098  
Email: sponauglem@carthage.k12.mo.us

Name of Nominee \_\_\_\_\_  
Name of School \_\_\_\_\_  
Address (school) \_\_\_\_\_  
\_\_\_\_\_  
Address (home) \_\_\_\_\_  
\_\_\_\_\_  
Phone (school) \_\_\_\_\_ (home) \_\_\_\_\_  
Email \_\_\_\_\_  
Position \_\_\_\_\_  
Years in position \_\_\_\_\_ Years in Education \_\_\_\_\_

MSNA Member from: \_\_\_\_\_ to \_\_\_\_\_

Offices \_\_\_\_\_

Committee(s) \_\_\_\_\_

Missouri ACTE Member from: \_\_\_\_\_ to \_\_\_\_\_

Offices \_\_\_\_\_

Committee(s) \_\_\_\_\_

ACTE Member from: \_\_\_\_\_ to \_\_\_\_\_

Offices \_\_\_\_\_

Committee(s) \_\_\_\_\_

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Person Submitting Nomination \_\_\_\_\_

Title \_\_\_\_\_

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

School Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (school) \_\_\_\_\_ (home) \_\_\_\_\_

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**Please answer the following question in narrative form, but not to exceed one (1) page.**

**Please list-supporting evidence.**

**Why do you feel this person should receive this award?**