

**PALMETTO STATE SCHOOL COUNSELOR ASSOCIATION
ADVOCATE OF THE YEAR AWARD
2022**

The purpose of the Advocate of the Year Award is to recognize persons who have demonstrated their belief in and support of school counseling programs that have had an impact on counselors and their students at the local, state, or national level.

I. Eligibility for consideration:

- A. Nominee may be an administrator, principal, superintendent, school board member, or other elected official, parent, teacher, community leader or organization who has consistently made a significant contribution to the improvement of school counseling services.
- B. The nominee must have exhibited outstanding promotion and support of school counseling programs that align with the *The South Carolina Comprehensive Developmental Guidance and Counseling Program Model* and *The ASCA National Model*.

II. Requirements and Procedures for Nominations

- A. Each nominator must submit a completed packet **UPLOADED** by December 15, 2021. Nominations should be submitted by uploading to the nomination website:

<http://pssca.schoolcounselorawards.org/other-awards>

- B. Selections are made by the PSSCA Awards Committee. The presentation will be made during the 2021 PSSCA Final Closing Celebration Awards Ceremony on Saturday in Hilton Head, SC

Each nomination packet must contain the following information and be organized in the order given:

1. Official PSSCA nomination form and checklist must be the cover for each packet.
2. Letter of recommendation (not to exceed 2 pages) from the **nominator**. This letter should address the writer's professional position and relationship to the nominee. The letter should contain a brief description of the contribution for which the individual is being nominated.
3. Include 3 letters (not to exceed 2 pages) of recommendation/support that qualify the nominee to receive this award.

**Counselor Advocate of the Year
Nomination Form
Nominee Information**

Name: _____

Position: _____

Work Address: _____

City, State, Zip _____

Home Address: _____

City, State, Zip _____

Work Phone: (____) _____ Home/cell Phone (____) _____

E-Mail: _____

Nominator Information (must be a current member of PSSCA)

Name: _____

Position: _____

Work Address: _____

City, State, Zip _____

Home Address: _____

City, State, Zip _____

Work Phone: (____) _____ Home/cell Phone (____) _____

E-Mail: _____

Checklist of Required Documentation for Packet:

- _____ Completed PSSCA Nomination Form (Use as cover sheet)
- _____ Letter of Recommendation from nominator (maximum 2 pages)
- _____ 3 additional letters of support/recommendation (maximum 2 pages)

Maximum Length of Packet: 9 pages, including nomination form.

Deadline for receipt: November 15, 2021