

*Washington Association of Educational Office Professionals*  
**Awards Program**

The following awards are available through WAEOP:

**AFFILIATE OF THE YEAR**

**EDUCATIONAL ADMINISTRATOR OF THE YEAR**

**EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR**

**EXCELLENCE IN COMMUNICATION**

(District Internal; District External; Building and Affiliate)

Awards packets are available from all WAEOP Board Members or by contacting Deyanna King, CEOE, WAEOP Awards Chairman, at 502 4<sup>th</sup> St NE, Auburn, WA 98002.

You may also contact Deyanna at 253-931-4742 or [djking@auburn.wednet.edu](mailto:djking@auburn.wednet.edu)

**All Nomination Forms Must Be Postmarked By February 1**

Please mail all Nomination Forms to:

**Deyanna King, CEOE**  
**WAEOP Awards Chairman**  
**502 4<sup>th</sup> St NE**  
**Auburn, WA 98002**

**WAEOP AWARD GUIDELINES**

1. All WAEOP members are eligible to nominate. They may nominate as an affiliate or individual member. They are eligible to nominate any candidate that meets the guidelines. It is not required that they work for the same school district, college, educational service district, etc. The publication award categories are “self nominating” entries.
2. The original and five (5) copies of the application must be submitted. **Do not** send scrapbooks, newspaper clippings or any other materials. The nominator must submit all documentation at one time and no materials will be returned.
3. WAEOP’s winners in the categories of Educational Administrator of the Year and Educational Office Professional of the Year will be forwarded to NAEOP by the state association.
4. Applications **must be postmarked by February 1**. Completed packets should be mailed directly to the WAEOP Awards chairman.
5. All candidates and the sponsoring WAEOP members and/or affiliates will be notified immediately after the judge’s decisions are final.
6. An inscribed plaque will be presented to the winners at the WAEOP Spring Conference. Certificates will be mailed to all nominees.
7. Applications that do not follow the guidelines will be disqualified (i.e., insufficient number of copies, incorrect number of letters and extraneous materials).
8. No fee is required for any of the award categories.
9. Each committee is made up of a panel of judges consisting of WAEOP members. The individual judges represent different districts, schools and/or educational service districts.

*Washington Association of Educational Office Professionals*

**WAEOP EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR**

- A. Candidate must be a current WAEOP and NAEOP member and must have held membership for a minimum of three (3) consecutive years immediately prior to nomination.
- B. Candidate must currently be employed as an educational office professional (i.e., secretary, clerk, bookkeeper, registrar, library aide, etc.)
- C. Candidate must have been employed as an office professional for a minimum of five (5) years in an educational institution, agency, public or private school, college or university.

**CRITERIA FOR JUDGING**

- 1. Recommendation of sponsoring member and/or affiliate (Form 1)..... 10%
- 2. Education, PSP Certificates, inservice courses completed (Form 2)..... 20%
- 3. Membership/leadership roles in professional associations (Form 2) ..... 30%
- 4. Community activities (areas of impact in addition to education) (Form 2)..... 5%
- 5. Personnel rating (Form 3) ..... 15%
- 6. Letters of recommendation (maximum 3) ..... 20%

**IN ALL CASES, THE DECISION OF THE JUDGES IS FINAL**

Submit the original and five (5) copies of the application to the WAEOP Awards Chairman.

***NOMINATION FORMS MUST BE POSTMARKED BY FEBRUARY 1***

**All WAEOP members are eligible to nominate and encouraged to participate in the awards program.**

*Washington Association of Educational Office Professionals*

**WAEOP EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR  
SYSTEM FOR JUDGING THE OFFICE PROFESSIONAL**

- A. \_\_\_\_\_ Candidate must be a current WAEOP and NAEOP member and must have held membership for a minimum of three (3) consecutive years immediately prior to nomination.
- B. \_\_\_\_\_ Candidate must currently be employed as an educational office professional (i.e., secretary, clerk, bookkeeper, registrar, library aide, etc.)
- C. \_\_\_\_\_ Candidate must have been employed as an office professional for a minimum of five (5) years in an educational institution, agency, public or private school, college or university.

**Name of Candidate:** \_\_\_\_\_

**Criteria for judging:** (Percentage is maximum – when scoring each candidate, use a graded percentage, i.e., 1% to 5% as the case may be.)

- 1. Recommendation of sponsoring member and/or affiliate - 10% (Form 1) \_\_\_\_\_
- 2. Education, PSP Certificates, inservice courses completed - 20% (Form 2) \_\_\_\_\_
- 3. Membership/leadership roles in professional associations - 30% (Form 2) \_\_\_\_\_
- 4. Community activities (areas of impact in addition to education) - 5% (Form 2) \_\_\_\_\_
- 5. Personnel rating - 15% (Form 3) \_\_\_\_\_
- 6. Letters of recommendation (maximum 3) - 20% \_\_\_\_\_
- TOTAL (maximum 100%:** \_\_\_\_\_

Scored by \_\_\_\_\_

Dated \_\_\_\_\_

*Washington Association of Educational Office Professionals*

Form 1

**WAEOP EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR  
NOMINATION FORM**

(To be completed by sponsoring WAEOP member or affiliate)

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Telephone(\_\_\_\_\_) \_\_\_\_\_ Office Telephone(\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Basis for selection of nominee

Name of sponsoring WAEOP member or affiliate \_\_\_\_\_

Name of affiliate president (if applicable) \_\_\_\_\_

Address of sponsor \_\_\_\_\_  
Street City State Zip

Telephone of sponsor (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

Submit the original and five (5) copies of Forms 1, 2, 3, and three letters of recommendation to the WAEOP Awards Chairman.

**NOMINATION FORMS MUST BE POSTMARKED BY FEBRUARY 1**

**WAEOP EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR**  
(To be completed by nominee)

Name \_\_\_\_\_ Position \_\_\_\_\_ No. of Years \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Business address of supervisor \_\_\_\_\_

**PREVIOUS POSITIONS HELD (Use additional sheet if needed)**

Title of Position	Place of Employment	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION (Include high school)**

Name of Course of Degree	Institution	No. Cr./Hrs	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL STANDARDS PROGRAM CERTIFICATE(S) HELD**

(Indicate by filling in the year received)

Basic \_\_\_\_\_ Assoc. Prof. \_\_\_\_\_ Advanced I \_\_\_\_\_ Advanced II \_\_\_\_\_ Advanced III \_\_\_\_\_  
Assoc. Degree \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_ Doctoral \_\_\_\_\_ CEOE \_\_\_\_\_

**INSERVICE COURSES COMPLETED (Include last 10 years)**

List inservice courses on a separate sheet using the following format:

Name of Program/Course	Sponsored by	No. Clock Hrs	Year
_____	_____	_____	_____
_____	_____	_____	_____

**WAEOP EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR**

**MEMBERSHIP/LEADERSHIP ROLES IN PROFESSIONAL ASSOCIATIONS**

	<b>Association</b>	<b>Yrs. Mbr.</b>	<b>Office/Committee</b>	<b>Year(s)</b>
<b>National:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>State:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>Local:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**COMMUNITY ACTIVITIES (Include last 5 years)**

	<b>Organization</b>	<b>Community Activity or Office Held</b>	<b>Year(s)</b>
<b>National:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>State:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Local:</b>	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Signature of Nominee \_\_\_\_\_

Date \_\_\_\_\_

**WAEOP EDUCATIONAL OFFICE PROFESSIONAL OF THE YEAR  
PERSONNEL RATING**

(To be completed by immediate supervisor of nominee)

Please evaluate candidate with a short narrative in each of the following areas. The rating should cover the past five (5) years of employment, especially noting specific job performance. If in present position less than five years, office professionals should submit copies of performance evaluations from previous positions within the past five years.

OFFICE MANAGEMENT:

INTERPERSONAL RELATIONSHIPS:

LEADERSHIP:

PROFESSIONAL GROWTH:

PROFESSIONALISM:

PUBLIC RELATIONS:

KNOWLEDGE AND SKILLS:

\_\_\_\_\_  
Signature of Office Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Immediate Supervisor

***NOMINATION FORMS MUST BE POSTMARKED BY FEBRUARY 1***

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