

LOUISIANA SCHOOL COUNSELOR ASSOCIATION

ANNUAL AWARDS PROGRAM

Each year, LSCA accepts nominations for those persons who have made outstanding contributions to school counselors or to education with special emphasis on the school counseling profession. Nominations must be received by the Awards Chair no **later than September 14**, but will be accepted by the chair at any time preceding that deadline. Awards are presented to the winners at the annual conference held the first week in October. All persons nominated, with the exception of advocacy and legislator must be current members of LSCA. State winners will be forwarded to American School Counselor Association for consideration for national recognition if additional information is supplied by the winner.

AWARDS/RECOGNITION PRESENTED

Advocacy
Administrator/Supervisor
Legislator
Elementary Counselor
Middle/Junior High Counselor
Multi-level Counselor (i.e. Schools K-12 or 6/7-12)
Secondary (High School) Counselor
Post Secondary Counselor
Writing (Professional Publication)

NOMINATION PROCEDURE

Submit the Nomination Form below, along with a letter of recommendation stating your reasons for believing the nominee should be recognized by LSCA. The letter should/could include information about the nominee's career as a counselor, programs and activities initiated by the nominee which benefits recipients of counseling, services rendered to the counseling profession, personal qualities, and other aspects that you feel make him/her an outstanding counselor, advocate, or legislator. Portfolios should NOT be presented.

LOUISIANA SCHOOL COUNSELOR ASSOCIATION (LSCA)

Professional Recognition Nomination Form

Select only one nomination category.

_____ **Advocacy**

_____ **Middle/Jr.High Counselor**

_____ **Administrator/Supervisor**

_____ **Multi-level Counselor**

_____ Legislator

_____ Secondary (H.S.) Counselor

_____ Elementary Counselor

_____ Post Secondary Counselor

_____ Writing (Professional Publication)

Nominee's Name: _____

ASCA Member _____ Yes _____ No

Parish: _____

Address: _____

Nominee's Phone: Work (____) _____ Home (____) _____

Nominee's Email Address _____

Nominator's
Name _____

Nominator's
Address _____

Nominator's Phone: Work (____) _____ Home
(____) _____

Nominator's Email Address _____

Send your letter of recommendation and this form to:

[Dr. Alice Cryer-Sumler](#)

1008 Isbell Street

Gretna, LA 70056

(504) 376-4280

acryer-sumler@cox.net

DEADLINE: September 14

Nominations received late will be disqualified!

[For an online nomination form to email, click here](#)