



LOUISIANA
SCHOOL
COUNSELOR
ASSOCIATION

Name _____ LSCA Office Sought: _____

Home Address: _____

Phone _____ Cell _____

School/Organization _____

Work Address: _____

Phone _____ Fax _____

Current Job title and Brief Job Description _____

On a separate sheet please address the following items:

- Statement of interest in serving in leadership position
- Professional activities and organizations
- Any special programs you initiated or in which you participated

COMMITMENT TO PERFORMANCE

Administrators: LSCA congratulates you and your institution for employing such an outstanding professional who seeks the nomination for state office. We recognize the need for cooperation and mutual understanding shared through commitments to professional activities. Based upon the information, responsibilities and expectations of the LSCA office, we request your endorsement and willingness to facilitate this commitment to performance.

I have reviewed this nomination for an LSCA office and acknowledge the potential candidate's intent to pursue election to that position. I verify the above job title and job description as the nominee's office responsibilities

Immediate Supervisor

Print Name _____ Title _____

Date: _____ Signature _____

Nominee Statement

I understand and agree to fulfill the responsibility and obligations to the LSCA office. I agree to the release of my personal and professional data for the election process. I also agree to abide by the election policies and procedures as presented in the LSCA Nominations and Elections Policy.

Nominee Signature _____ Date _____