**Counselor of the County Nomination Form**

**2020/2021**

**Please complete the form below if you are interested in nominating a school counselor to be considered for the Counselor of the County:**

Counselor nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor nominee’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current position/school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational background:

|  |  |  |
| --- | --- | --- |
| **School Attended** | **Years Attended** | **Degree Earned** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. List the nominee’s position(s) and past position(s) in counseling, as well as their number of years of service:

|  |  |  |
| --- | --- | --- |
| **Position** | **Educational Institution** | **Years of Service** |
|  |  |  |
|  |  |  |
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2. Please provide a list of organizations that the nominee is currently a member of and list the leadership positions the applicant has held within these organizations (i.e. Executive Board Member, Committee Chair, Conference Planning Committee or Presenter, etc.

3. Has the nominee contributed any service in a counseling capacity at the State, National, or other Counseling Organizations? If so please list:

4. Has the nominee received any other awards and/or recognitions? Example: In what ways does the nominee go above and beyond their counseling job?

5. Please share any additional information about the nominee that you feel would make them worthwhile to be called our Counselor of the County:

\*A candidate must be nominated, with supporting evidence, by any member of the Essex County School Counselor Association by the third Friday of January or by such date as to comply with NJSCA requirements. The nomination may be mailed/emailed to the chairperson.\*

\*The successful recipient will be recognized at the NJSCA Reception held in the spring of that year. Following this statewide reception, the ECSCA will recognize the recipient during the May ECSCA end of year meeting\*.

**Name of person submitting nomination**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current position/school of nominator**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward all nominations by Friday, February 7, 2020 to Vanessa Ming at:

essexcountysca@gmail.com

orStudent Support OfficeEast Orange Campus High School

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