

ADULT EDUCATION COLLABORATIVE PARTNER AWARD

Presented by

WEST VIRGINIA ADULT EDUCATION ASSOCIATION, INC.

AWARD GUIDELINES

Nominations are being accepted by the WVAEA Awards Committee for the presentation of the Adult Education Collaborative Partner Award. The award selection will be based upon the following guidelines:

1. Nominee shall be gainfully employed in a WV agency which provides, through a collaborative effort, a network of services to adult learners. These include, but are not limited to,; Department of Health and Human Resources (DHR); Governor's Workforce Investment Division (GWID); Workforce WV; WV Division of Rehabilitation Services (DRS).
2. Part-time and/or full-time personnel are eligible for this award.
3. Nominee should support the philosophy behind adult education and demonstrate outstanding contributions to adult education in West Virginia.
4. Nominee must have exhibited efforts within his/her agency toward the promotion and progress of adult education in the state of West Virginia.

PROCEDURES FOR NOMINATING CANDIDATES

Nominations to be considered by the Awards Committee must be returned by **September 1, 2010**. You may copy this form if additional application blanks are needed.

The Awards Committee will consider all nominations and make the final selection.

The Awards Committee reserves the right not to make an award if, in the judgment of the Committee, no worthy candidates are nominated.

APPLICATION
ADULT EDUCATION COLLABORATIVE PARTNER AWARD

NAME: _____

ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

POSITION TITLE: _____

WHERE: _____

MEMBERSHIP PROFESSIONAL ORGANIZATION: (CHECK)

WVAEA
 OTHER

WVVA
 (OTHER)

CEA/WV

LIST OUTSTANDING CONTRIBUTIONS IN ADULT EDUCATION BY THE NOMINEE: _____

OTHER PERTINENT
INFORMATION: _____

PLEASE SUMMARIZE THE REASONS WHY YOU THINK THIS NOMINEE SHOULD BE HONORED WITH THE
ADULT ED COLLABORATIVE PARTNER AWARD (USE ADDITIONAL SHEET IF NECESSARY; 250 WORD LIMIT)

SPONSORED AND SUBMITTED BY:

INDIVIDUAL

ADDRESS

PHONE

DATE SUBMITTED: _____

PLEASE RETURN FORM (POSTMARKED ON OR BEFORE SEPTEMBER 1, 2010) TO:

JOHNNIE HAMILTON
COORDINATOR OF ADULT EDUCATION
MTEC
1000 MISSISSIPPI STREET
MORGANTOWN, WV 26501