

## KCA COUNSELOR OF THE YEAR NOMINATION

Category: Please check the award category for which you are submitting this nomination for  
Counselor of the Year

\_\_\_\_\_ Career counselor    \_\_\_\_\_ Counselor Educator    \_\_\_\_\_ Graduate Student

\_\_\_\_\_ Mental Health    \_\_\_\_\_ Alumni Volunteer

School Counselor:    \_\_\_\_\_ Elementary    \_\_\_\_\_ Middle    \_\_\_\_\_ Secondary

Name of Nominee: \_\_\_\_\_

Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Address: \_\_\_\_\_

KCA Volunteer Leadership Activities(**required**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Statement: On a separate page summarize in 50 words or less the nominee's accomplishments on the job and service to the profession as a volunteer leader.

For Verification: In case the nominee becomes a finalist, for the award for which He/She is nominated, enter the identity of the individual who can verify the accomplishments described by the person making the nomination

Supervisor of Nominee: \_\_\_\_\_ E-mail: \_\_\_\_\_

Co-Worker: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOMINATION MUST BE RECEIVED BY SEPTEMBER 15**

Name of Nominator: \_\_\_\_\_

Position: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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