

ADULT EDUCATION VOLUNTEER LITERACY PROVIDER 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 Volunteer Literacy Provider**. The award selection will be based upon the following guidelines:

1. Nominee shall be a trained volunteer who provides confidential, Individualized one-to-one and small group tutoring in literacy, basic skills, computer, or English as a Second Language (ESL). Nominee's affiliations may include, but are not limited to, ; Literacy West Virginia, Laubach Literacy, Literacy Volunteers of America, WV Literacy Foundation and the Governor's Council on Literacy.
2. Nominee should support the philosophy behind adult education and demonstrate outstanding contributions to adult education in West Virginia.
3. Nominee must be dedicated to the development, improvement, promotion and progress of literacy in the state of West Virginia.

PROCEDURES FOR NOMINATING CANDIDATES

Nominations to be considered by the Awards Committee must be returned before September 1, 2008. 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 judgement of the Committee, no worthy candidates are nominated.

PLEASE SEE BACK OF PAGE

APPLICATION

ADULT EDUCATION VOLUNTEER LITERACY PROVIDER AWARD

NAME: _____

ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

POSITION TITLE: _____

WHERE: _____

MEMBERSHIP PROFESSIONAL ORGANIZATION: (CHECK)

___ WVAEA _____ WVVA _____ CEA / WV

___ OTHER (OTHER) _____

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 VOLUNTEER LITERACY PROVIDER AWARD (USE ADDITIONAL SHEET IF NECESSARY; 250 WORD LIMIT)

SPONSORED AND SUBMITTED BY: _____
INDIVIDUAL _____ ADDRESS _____ PHONE _____

DATE SUBMITTED: _____

PLEASE RETURN FORM BEFORE September 1, 2008 TO:

MARK HEDRICK
NRJCF-ED. DEPT.
RD. 2 BOX 1
MOUNDSVILLE, WV 26041