



**California Council for Adult Education  
State Nomination Form  
Excellence in Support Services Award - Classified**

This award recognizes outstanding service to CCAE at the chapter, section, or state levels by a classified employee.

**Eligibility: The nominee must be employed in classified status in an adult education program. Membership in CCAE for at least three years, including the current year, is required. The nominee must be selected by their respective Section Boards. Each section may submit one nominee.**

**Nominee's Information**

\_\_\_\_\_ (Full Name) is hereby nominated.

Preferred Pronouns: \_\_\_\_\_

Nominee's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Nominee's Assignment/Title in Adult Education: \_\_\_\_\_

Supervising Administrator's Name: \_\_\_\_\_

Supervising Administrator's Email Address: \_\_\_\_\_

Name of Nominee's Adult School: \_\_\_\_\_

Address of Adult School: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult School's Phone Number: (\_\_\_\_) \_\_\_\_\_

Employed in Adult Education since \_\_\_\_\_ Member of CCAE for \_\_\_\_\_ years

Verification of at least 3 years membership in CCAE: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

**Sponsor's Information**

Sponsoring Member's Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

Chapter Name \_\_\_\_\_

Section Name \_\_\_\_\_

Sponsoring Member's Email: \_\_\_\_\_

**Nominee's Related Award Information**

Describe the nominee's Significant service to CCAE at the chapter level (Max 200 words)

Describe the nominee's significant service to CCAE at the section level (Max 200 words)

Describe the nominee's significant service to CCAE at the state level (Max 200 words)

Describe the nominee's significant support service to adult education in a classified position (Max 200 words)

Please upload this completed nomination and a clear and labeled headshot photo of the nominee to:  
[awards@ccaestate.org](mailto:awards@ccaestate.org)

**Section Approval**

Section Name: \_\_\_\_\_

Section President's Name: \_\_\_\_\_

Section President's approval was granted? Yes \_\_\_\_\_ No \_\_\_\_\_

**Deadline submission by Section is: January 12, 2024**