



## **Missouri TSA Distinguished Service Award**

The recipient of the Missouri TSA Distinguished Service Award is selected based on valued service to Missouri TSA. Both past and present contributions are considered (as verified by responsible parties). The criteria are as follows:

1. Associated with Missouri TSA in some capacity for a minimum of three years
2. Active participation as evidenced by attendance at the conferences, membership on committees, judging student events, etc.
3. Involvement with advancing Missouri TSA as evidenced by work in professional education groups, publications, research, etc.
4. High standard of attainment as shown by establishment of new TSA chapters, program expansion or innovation, or by achievement of student members who have achieved prominence and distinction
5. Recognition by fellow professionals as indicated by similar awards from local, district, state or regional groups.

Current Board of Directors members are excluded from the nomination during their respective terms of office.

Applications must be accompanied by (1) a letter of recognition in support of the nominee as a state award recipient; and (2) a chronological list of the nominee's contributions and achievements that have advanced the cause of TSA/Technology Education.

**Please return the enclosed Missouri TSA Distinguished Service Award application by February 28, 2023 to Rachel Fisher via email at [rachel.fisher@dese.mo.gov](mailto:rachel.fisher@dese.mo.gov).**

If you have any questions, please feel free to contact Byekwaso Gilbert at 573-751-7764 or Rachel Fisher at 573-751-7965.

Nominee: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

School/Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Schools/Colleges Attended: \_\_\_\_\_

Degrees/Last Grade Attended: \_\_\_\_\_

Nature of Association with TSA: \_\_\_\_\_

Years Associated with TSA: \_\_\_\_\_ Type of Membership: \_\_\_\_\_

Nominated by: \_\_\_ Chapter Advisor \_\_\_ Board Member \_\_\_ State Advisor

Nominator's Name: \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_