**W. H. ADAMSON HIGH SCHOOL**

**ALUMNI ASSOCIATION**

**OUTSTANDING FACULTY AWARD GUIDELINES**

**Adopted August 7, 2012**

1. **History of the Award**

The Adamson Faculty Hall of Honor Award was established in 2012 to honor Oak Cliff High School and Adamson High School teachers/administrators who made significant contributions to and whose careers have brought credit to the institution.

1. **Nominating Procedure**

Members of the Adamson Alumni Association or members of the Adamson High School faculty wishing to nominate a faculty member for this Award should include a completed nomination form and a resume/biography of the nominee.

Nominations must be received by the Alumni Association no later than the **November Board meeting of the year before** the Award is to be made. Nominations received after the deadline will be considered candidates for the following year's award.

1. **Selection Procedure**

Members of the Selection Committee are members of the Alumni Board of Directors. The Committee shall confer the Award each year to one recipient, except by approval of the majority of the Board. Nominees selected for the Award must be approved by a majority vote of the Selection Committee. The President of the Adamson Alumni Association or his/her designee shall be charged with accepting, filing, and presenting all bona fide nominations.

1. **Eligibility**

To be considered for the Award, an individual must be:

1. A person who made an outstanding contribution while working at Oak Cliff/Adamson High School.
2. Distinguished in his or her educational and/or later career.
3. A person of such integrity, stature, and demonstrated ability that the faculty, staff, students, and alumni will take pride in, and be inspired by his or her recognition.
4. A person who worked at Oak Cliff/Adamson High School for at least five years.
5. **Automatic Ineligibility**

An individual shall not be eligible to receive the Award if any of the following conditions prevail at the time the Selection Committee meets to consider nominations:

1. A member of the Selection Committee (Alumni Board of Directors)
2. A previous recipient of the Award
3. An individual who cannot be present at the time and place where the Award is to be conferred except in cases of the Award being conferred posthumously.

**6. Award Recognition Procedure**

The Award is to be granted annually at the *All-Class Reunion* or at a place and time determined by the Adamson Alumni Association Board of Directors. Awards will be announced in advance for the media and other publications. Each nominee will receive a letter informing him/her of selection with details concerning the presentation. The traditional symbol of the Award is an appropriate plaque to be displayed at the High School.

**7.**  **Exceptions**

These Award requirements and procedures may be waived in exceptional circumstances by 2/3 vote of the Alumni Association Board of Directors.

***ONCE COMPLETED, PLEASE EITHER EMAIL YOUR COMPLETED NOMINATION FORM(S) TO BOB JOHNSTON* at bjohnston@pobox.com or snail mail them in time to arrive no later than the November 1, 2017, deadline, to Bob Johnston at 1427 Waterside Drive, Dallas, TX 75218.**

**DISTINGUISHED FACULTY NOMINATION FORM**

**W. H. ADAMSON HIGH SCHOOL ALUMNI ASSOCIATION**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(last) (first) (middle/maiden)

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BUS. ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOME PHONE (\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OFFICE PHONE (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NOMINEE'S BIRTHDAY: Month\_\_\_\_\_\_\_\_Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT STATUS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. retired, consultant, educator, deceased; list one only)

**EDUCATION**

Earned Degree\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State\_\_\_\_\_\_Year(s)\_\_\_\_\_\_

Advanced Degree\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State\_\_\_\_\_\_ Year(s)\_\_\_\_\_

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**W.H. ADAMSON YEARS OF WORK** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OUTSTANDING CONTRIBUTIONS TO OAK CLIFF/ADAMSON HIGH SCHOOL**

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**CAREER-RELATED ACTIVITIES** (e.g. consulting, current memberships)

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CREATIVE WORKS** (e.g. books or journals)

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s)\_\_\_\_\_\_\_

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**EDUCATIONAL, CIVIC, POLITICAL, AND SOCIAL ACTIVITIES**

Role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MILITARY RECORD** Highest Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(active duty only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_

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**AWARDS, HONORS, GRANTS**

Award\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Granting Body\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s)\_\_\_\_\_\_\_\_\_

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**CURRENT PROFESSIONAL MEMBERSHIPS**

Organization (Do not abbreviate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office(s) Held———————

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**Nominated by:**

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted——————————

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_ZIP\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_