Middle School
Student Of The Year
Florida Association of Student Councils
MIDDLE SCHOOL STUDENT OF THE YEAR

In order to receive this award the student must be nominated by his/her student council. The nomination packet must include a letter from the student council advisor, the student council president (or from another officer appointed by the advisor in the event that the president is the nominee) and the school’s principal. The letters must include evidence of the following:

1) The nominee is open to new ideas from his/her peers.
2) The nominee is willing to work well with all students
3) The nominee is supportive of all of the activities sponsored by the school’s student council.
4) The nominee demonstrates an interest in a wide area of student concerns.

The same student may be nominated a number of times by his/her student council however, once a student receives this award he/she will be ineligible to receive it again.

The nominee does not have to be an officer of the school’s student council but must have been a member of the council for at least one full school year.

The Application can be faxed to 863-699-5094 or emailed to: sohnm@highlands.k12.fl.us or mailed to:

Lake Placid High School
Attn: Dr. Melissa Sohn
202 Green Dragon Drive
Lake Placid, FL 33852

All nominations must be electronically dated or postmarked on or before 35 days prior to the first day of the current year’s FASC State Convention

MAKE SURE THE LETTERS OF RECOMMENDATION FROM THE APPROPRIATE STUDENT COUNCIL OFFICER, THE ADVISOR AND THE PRINCIPAL ARE ATTACHED.
Florida Association of Student Councils
Middle School Student of the Year Application

Instructions:
1. All information requested on this form must be typed.
2. Please include a photo of the nominee (put the nominees name on the back of the photo).
3. Attachments other than the recommendations asked for will not be considered.

APPLICANT INFORMATION

NAME: __________________________ PHONE: ( ___ ) _____________

HOME ADDRESS: __________________________________________________________
Number Street Apt #

City Zip

SCHOOL: _________________________________________________________________

SCHOOL ADDRESS: _________________________________________________________
Number Street

City Zip

SCHOOL PHONE: ( ___ ) ______________________________

NOMINEE’S CLASS: 6TH 7TH 8TH
(Circle one)

ATTACH TYPEWRITTEN RECOMMENDATIONS FROM:

1. Nominee’s student council advisor.
2. Nominee’s student council president or designee.
3. Nominee’s principal.

All nominations must be electronically dated or postmarked on or before 35 days prior to the first day of the current year’s FASC State Convention

No candidate will be considered a second time after winning this award.

ADVISOR’S NAME: ________________________________

ADVISOR’S SIGNATURE: ________________________________
I. OFFICER POSITIONS HELD IN STUDENT COUNCIL

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<th>Position</th>
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II. PARTICIPATION IN OTHER SCHOOL ORGANIZATIONS/ACTIVITIES

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________
7. __________________________________________
8. __________________________________________

III. PARTICIPATION IN STATE OR FASC DISTRICT ACTIVITIES

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
6. __________________________________________
7. __________________________________________
8. __________________________________________
V. RECOGNITIONS AND AWARDS

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I certify that the above information is true.

Signature of Student Council Advisor    Date