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***2021 Robert V. Flynn Memorial Distinguished Service Award Application  
Application packets must be received by September 10, 2021***

**The *Robert V. Flynn Memorial Distinguished Service Award* recognizes a member of the association who has demonstrated a commitment to serving and enriching PASCD.**

**I. Applicant’s Information**

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

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/District Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of years as a PASCD member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Supporting Documentation** *(Please refer to scoring rubric for additional information.)*

1. Applicant’s Resume (Educational Experiences, Work Experiences, Awards and Honors)

*(A current resume may be attached.)*

1. Description of Applicant’s Involvement in PASCD and ASCD (Leadership Positions Held, Involvement/Participation in PASCD Programs, Projects, and Activities and Impact on PASCD) *(Two pages or less using a 12 point font and one inch margins.)*
2. Two Letters of Recommendation
3. **Assurances**
   1. I understand that the information provided for this award nomination will be used for the sole purpose of identifying the recipient of the 2021 PASCD *Robert V. Flynn Memorial Distinguished Service* *Award*.
   2. I certify that all statements made here are true, complete, and accurate to the best of my knowledge.

*Applicant’s Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forward Completed Application Packet to:** Dr. Bryan O’Black, Deputy Superintendent

Shaler Area School District

1800 Mt. Royal Blvd.

Glenshaw, PA 15116

Questions to oblackb@shalerarea.org

**PASCD Robert V. Flynn Memorial Distinguished Service Award**

**Scoring Rubric**

| **CRITERIA** | | **3**  **Exemplifies**  **Characteristics** | **2**  **Moderately Meets**  **Characteristics** | **1**  **Minimally**  **Meets Characteristics** |
| --- | --- | --- | --- | --- |
| **I. Service to PASCD** | | | | |
| ***Submitted information provides evidence that the applicant:*** | | | | |
| **A.** | Has been a member of PASCD for a number of years. |  |  |  |
| **B.** | Has been involved in the organization at the region, state and international level. |  |  |  |
| **C.** | Has served the organization in a variety of capacities. |  |  |  |
| **D.** | Actively participates in the organization’s programs and events. |  |  |  |
| **Comments:** | | | | |
| **II. Enriching PASCD** | | | | |
| ***Submitted information provides evidence that the applicant:*** | | | | |
| **A.** | Participates in the planning, implementation and evaluation of the organization’s programs and events. |  |  |  |
| **B.** | Contributes to the improvement of the organization. |  |  |  |
| **C.** | Enhances PASCD activities and programs. |  |  |  |
| **D.** | Strives to create a collegial environment conducive to professional growth. |  |  |  |
| **Comments:** | | | | |

| **Total Points** |  |
| --- | --- |