



## **ACYCP CAROL KELLY NEWCOMERS' AWARD NOMINATION FORM**

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To honor the memory of an early founder of ACYCP and a pioneer in the **field of child and youth care work (CYC)**, the **Association for Child and Youth Care Practice (ACYCP)** is offering an exciting opportunity for members to nominate a colleague for their early achievements and contributions to the profession. The award consists of an attractive engraved plaque and a public announcement. You know your colleagues best, so we welcome your input and participation in the awarding and evolution of this award!

### **Brief History**

“Carol S. Kelly, a professor emeritus at California State University, Northridge’s [CSUN] Department of Child and Adolescent Development (CADV), passed away on Feb. 17 [2017] following a brief illness. Kelly brought CSUN its first Peace Expo in 1989, laid the foundation for what the CADV department is today, re-established the CADV department’s alumni chapter in 2005 and established the Carol S. Kelly Endowment Scholarship in 2006. She also received numerous awards: the CSUN Alumni Association’s Dean Ed Peckham Award in 2009, the Don Dorsey Excellence in Mentoring Award in 2014 and the Lifetime Professional Achievement Award from the Association for Child and Youth Care Practice in 2016.” Read more at:

<http://csunshinetoday.csun.edu/community/csun-celebrates-carol-kelly-with-alumni-gathering/> This award honors Carol’s years of mentoring current and former students, newly entering the child and youth care profession. The award was established by ACYCP and sponsored by 1<sup>st</sup> Vice President, Michael Mitchell, in March of 2017.

### **Nomination Criteria**

- *Nominees and nominators both must be current ACYCP members.*
- *Nominees must have a minimum of 3 years paid experience.*
- *Nominators may consist of more than one person, but at least one nominator must be an ACYCP member.*
- *Nominators may submit more than one nomination, but on separate nomination forms.*
- *Nominees may come from any area of the broad child and youth care profession.*
- *Nominees may come from any level of practice (ex. direct care, research, administration, supervision, etc.)*
- *Nominees may reside or practice in any part of the world.*
- *Finalist nominations are reviewed and a winner selected by the ACYCP Board of Directors.*
- *Nominations are coordinated and vetted by the ACYCP Executive Board.*
- *Winners are only eligible for one award.*

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- *Nominees hereby consent to their nomination and any related publicity.*
- *Nominators hereby consent to any publicity related to their nomination submission(s)*
- *Award finalists will be notified prior to the selection of a winner*
- *The award announcement and/or presentation will be made by the ACYCP President, at a time and/or place of the ACYCP Board's choosing. The award winner need not be present to qualify.*

**Award Criteria**

Nominations, with supporting documentation, will be evaluated on the following basis:

- What has the nominee done for children and youth as a student, or in their personal life?
- What CYC organizations has the nominee been a member of?
- Has the nominee served on any CYC committees, special projects or boards?
- What paid positions have the nominee held during their CYC career?
- Does the nominee hold ACYCP Certification?
- What has the nominee done towards professional development and life-long learning?

This is an excellent way to demonstrate recognition and appreciation for a wide range of service, leadership and experience not always readily recognized in day-to-day CYC job performance. The more objective supporting evidence and material you can provide the better. Supporting documentation may be attached to this form (reproductions ONLY). **If you want someone to know just how much you appreciate and recognize their contributions and achievements, then just download and complete this form. Then send it to the Membership Committee Chair, Michael Mitchell, at: [propman46@gmail.com](mailto:propman46@gmail.com) or call (608) 846-2860. Or you can hard copy it and mail to: Jody Rhodes, ACYCP, at P.O. Box 510423, Milwaukee, WI 53203.**

**Please Print**

Nominee Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

State/Province/Country: \_\_\_\_\_ Current Employer (if any): \_\_\_\_\_

Nominator Name(s): \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

State/Province/Country: \_\_\_\_\_ Current ACYCP Member Name: \_\_\_\_\_

Nominator(s) Statement: (Why are you nominating this person? Attach additional pages or supporting documents- reproductions only-as desired, see Criteria above.)