

**Arkansas School Counselor Association Nomination Election Form**

Check the position sought:            \_\_\_ President Elect (6 Year term)  
   \_\_\_ Elementary Vice President (2 Year term)  
   \_\_\_ Secondary Vice President (2 Year term)

Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please circle your ArSCA Region: NE NW NC SE SW C

Please submit a statement or short narrative regarding your reasons for seeking this position. Please include a short autobiography and a black/white photo of yourself as well. (You may attach a second page if needed.) Please send photo electronically if possible and send it the actual size. (Do not compress it.)

Deadline is May 31, 2019. No more than 150 words.

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Return to: Angie Huff, Past President

Fax: 479-846-4287 or Email: [angie.huff@pgtigers.org](mailto:angie.huff@pgtigers.org)

