

Outstanding School Business Officials of the Year Awards

APPLICATION/NOMINATION FORM

If nominating multiple candidates, please complete a separate form for each. Submit forms and all supplementals by emailing them to awards@oasbo-ohio.org by 4 p.m. on January 15, 2019.

Please (X) one o Outstanding B Outstanding To	usiness Operations Manager		_	od & Nutritior ansportation [
 Required Application Supplementals Job Description Resume including employment history, professional affiliations, community affiliations, professional associations/activities, professional attainment and list of publications/presentations. Up to 2 letters of support from colleagues, board members, etc 								
Applicant/Nominee's Information First Name		Last Name						
Tilsertaine		Lustin	uc					
School District								
Street Address								
City		State		Zip Code				
Work Phone		Fax						
Email								
Nominated by								
First Name		Last Name						
School District								
Street Address					,			
City		State		Zip Code				
Work Phone		Fax						
Email				<u> </u>				



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Executive	Summary
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Achievements								
The winner of this award will be selected based on the following criteria: Achievements in service to the profession, community and school system. Describe how the applicant meets these criteria								