

**Sarah Shackelford, Chair**  
**CSCTFL Nominating Committee**  
**224 East 8<sup>th</sup> Street, #612**  
**Cincinnati, OH 45202**  
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**NOMINATIONS FOR 2018 CENTRAL STATES CONFERENCE BOARD POSITIONS**

In 2018 one new Director will be elected to the CSCTFL Board for a four-year term. In addition a Vice Chair/Chair of the Board of Directors will also be elected. If you have suggestions for candidates for these positions, which require energetic, dedicated and creative second language educators, please complete the form below. Candidates for these positions must live in the CSCTFL region and have previous experience in CSCTFL conference planning or as a participant in CSCTFL programs and activities. Incomplete nomination forms will not be considered.

**The Nominee:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

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

I recommend this person for: \_\_\_\_\_ Board of Directors

\_\_\_\_\_ Vice Chair/Chair of the Board

**Has the person:**

— attended CSCTFL conferences? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

— presented a session or workshop at CSCTFL? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

— published his or her work in a CSCTFL Report? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

— served on a CSCTFL local arrangements committee? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

— served on a CSCTFL committee? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

— served CSCTFL in another capacity? \_\_\_\_\_ No \_\_\_\_\_ Yes (explain): \_\_\_\_\_

Is this person currently a member of the CSCTFL Advisory Council? No \_\_\_\_\_ Yes \_\_\_\_\_

Has the individual consented to having his/her name placed in nomination? No \_\_\_\_\_ Yes \_\_\_\_\_

Why do you think this person is qualified for the position? (Continue on reverse side if additional space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Nominator:**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_

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

Are you currently a member of the CSCTFL Advisory Council? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to Sarah Shackelford, CSCTFL Nominating Committee Chair, by October 1, 2017.**