

# NATIONAL OUTSTANDING ASSISTANT PRINCIPAL AWARD PROGRAM

A Program to Honor Assistant Principals in  
Elementary and Middle-Level School Leadership

**2023-24 Application**

Due:

January 3, 2024

Email to Mrs. Shay Siler, [shay.siler@knoxschools.org](mailto:shay.siler@knoxschools.org)



*Program Sponsor*

## ~ PROGRAM BACKGROUND ~

The National Association of Elementary School Principals is committed to preparing assistant principals to step into the principal role. Recognition for the exceptional leadership of those who are responsible for the day-to-day operations of pre-K–8 schools instills pride in their accomplishments and reinforces their leadership in helping children develop a lifelong love of learning.

## ~ CRITERIA ~

- Applicant must be a member of the National Association of Elementary School Principals at the time of nomination and must maintain membership through July 31, 2024.
- Applicant must be an active assistant principal at the time of nomination.
- Applicant must be an active assistant principal for at least two years.
- Applicant must contribute to the well-being of the educational community.
- Applicant must contribute to a positive and motivating environment for others.
- Applicant must have a strong record of service (in both school and community) and be recognized as a leader.
- Applicant must exhibit exceptional leadership in a particular school program and/or is heavily involved in finding a solution to a problem faced by the school.

## ~ PROCESS ~

Public and private school elementary and middle-level assistant principals apply for the award via their state association. Honorees will be awarded complimentary registration to the 2024 UNITED Conference and will be recognized during the event.

The 2023-2024 program will begin September 2023 and all state-selected honorees must be submitted to **Mrs. Shay Siler by January 3, 2024**. To be eligible for this program, applicants must complete the NAESP application and return it to their state affiliate in a timeline established by the state affiliate. **All selected awardees must submit a labeled professional, digital, photograph (a “headshot” with a plain, color background) at 300 dpi to state affiliates once he/she is named.** A roster of 2023-24 award winners will be featured on the NAESP web site.

# NATIONAL OUTSTANDING ASSISTANT PRINCIPAL AWARD PROGRAM

## APPLICATION FORM

Please type, word process, or print clearly

Name	Prefix	First	Middle Initial	Last	Suffix
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### ~ CONTACT INFORMATION • SCHOOL ~

School Name
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School Address	Street	City	State	Zip	Country
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School Phone (Include Area Code)	School E-Mail
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### ~ CONTACT INFORMATION • HOME ~

Home Address	Street	City	State	Zip	Country
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Home Phone (Include Area Code)	Home E-Mail
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### ~ PROFESSIONAL INFORMATION ~

**Professional Experience** (List by most recent, excluding current position/school)

Position	Name and Location of School	Dates

Total Number of Years as an Assistant Principal \_\_\_\_\_ Total Number of Years in Current Position/School \_\_\_\_\_

**Professional Preparation** (List by most recent)

Degree	Name and Location of Institution	Dates

Name \_\_\_\_\_

## ~ SCHOOL INFORMATION ~

**School's Grade Configuration** (check one)

- ☐ Elementary School Applicant- School's Grade Configuration\_\_\_\_\_
- (Must include either pre-K, K, 1, 2, 3, or 4 though older students may attend as well)
- ☐ Middle School Applicant – School's Grade Configuration\_\_\_\_\_
- (May NOT include pre-K, K, 1, 2)

### School Enrollment \_\_\_\_\_

~ STATE AND DISTRICT INFORMATION ~

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**State or Area Represented**

School District

**School Superintendent's Name**

District Phone (including area code)

**School Setting:** (check one)    ☐ Urban    ☐ Suburban    ☐ Small Town    ☐ Rural

**~ PROFESSIONAL ACTIVITIES, AWARDS, AND HONORS ~**

Name of Professional Association/Organization

**Offices Held / Awards Received**

### Dates

[illegible]

**~ SERVICE TO THE COMMUNITY ~**

Name of Community Association/Organization	Offices Held / Awards Received	Dates
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**~ TWO MOST SIGNIFICANT ACCOMPLISHMENTS AS AN ASSISTANT PRINCIPAL ~**

- 1) 

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- 2) 

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## ~ BEST PRACTICES ~

**Describe two best practices that have worked well in your school. (up to 500 words each)**

Label each of your practices with the abbreviation of the category or categories in which it falls:

Abbr.	Category
AP	Assessment Tools for Assistant Principals (Including Self-Assessment)
EC	Early Childhood Education
IL	Assistant Principal's Role as Instructional Leader
PC	Parent and Community Relations
SA	Student Assessments
SI	School Improvement Strategies
SL	Student Leadership
ST	Standardized Tests
TA	Teacher Assessment and Evaluation
TD	Teacher and Staff Development
TL	Turnaround Leadership
WC	Whole Child Initiatives
21st	21st Century Learning (problem solving, teaching creativity and collaboration across borders)

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TO BE COMPLETED BY APPLICANT'S REFERENCE

**\*Two letters of reference are required. One must be from the Assistant Principal's Principal or Superintendent.**

## APPLICANT'S REFERENCE FORM

### ~ LETTERS OF REFERENCE ~

Name of Applicant: \_\_\_\_\_

Each applicant is asked to secure two letters of reference, one from the applicant's supervisor and one selected from the following persons: **superintendent, a fellow administrator, a teacher currently serving on the applicant's staff, or a parent/civic/community leader.** Each letter of reference should include a copy of this form.

#### To the Applicant's Reference:

The National Outstanding Assistant Principal (NOAP) selection committee appreciates your help in assessing this applicant's skills and knowledge in the area of school leadership. Please base your comments on the applicant's professional performance. Limit your comments to one 8 ½ x 11" page, using at least 10 pt. type. Please seal your completed reference letter in an envelope, place your signature over the seal, and return it to the applicant. If you prefer, your letter of reference may be mailed directly to the applicant's state affiliate or the organization that he/she represents.

**This letter of reference is from** (please check one):

☐ The applicant's supervisor

☐ A fellow administrator

☐ A teacher

☐ A parent/civic/community member

**Please print or type.**

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country if not USA

\_\_\_\_\_  
Phone (including area code)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

*The National Outstanding Assistant Principal program does not discriminate on the basis of race, color, creed, ethnicity, age, religion, county of origin, or sexual orientation.*

## APPLICANT'S AFFIRMATION STATEMENT

I do hereby affirm that I plan on remaining in a position of school leadership during the 2023-24 school year and I am a member of NAESP.

I do further affirm that the information included in this application packet is a fair and true representation of the facts of my professional career.

I do hereby grant my permission for any or all of the enclosed materials (but excluding my home address, home and/or cell phone number, and home e-mail address) to be shared with persons and organizations interested in promoting the National Outstanding Assistant Principal Award Program and its honorees.

PRINTED NAME OF APPLICANT: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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## ABOUT THE SPONSOR



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