



## MSCA LEADERSHIP NOMINATION FORM

**Candidate for office of: (Check one)**  
Elementary School Representative  
Secondary School Representative

President Elect  
Middle/Junior High School Representative  
Post-Secondary School Representative

Information gathered below will be used in a bio about you that will be included when the ballot is electronically sent out to members of MSCA.

Nominee: \_\_\_\_\_ Current Position: \_\_\_\_\_

Employed at: \_\_\_\_\_

Work address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ E-mail \_\_\_\_\_

Educational background and additional training: \_\_\_\_\_

\_\_\_\_\_

Experience in Guidance and Counseling: \_\_\_\_\_

\_\_\_\_\_

Professional affiliation (include any offices or positions held and years of membership) \_\_\_\_\_

\_\_\_\_\_

Fill Out form and email to: [jackson@dexter.k12.mi.us](mailto:jackson@dexter.k12.mi.us) Or print and fax to: Shirley Jackson, Fax: (734) 424-4169.