

**Recommendations for Nomination to the
Virginia Advisory Committee for the Education of the Gifted
Term of Service 2002 – 2005**

Name of Nominee _____

Check one: Mr. Mrs. Ms. Dr.

Address _____

Street City State ZIP

Phone Number _____

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Day Evening E-mail

Representing the following area(s): Please check all that apply.

General Membership		Virginia Professional Organizations	
<input type="checkbox"/>	At-large	<input type="checkbox"/>	Association of Elementary School Principals
<input type="checkbox"/>	Gifted education coordinator	<input type="checkbox"/>	Association for the Gifted
<input type="checkbox"/>	Higher education	<input type="checkbox"/>	Consortium of Administrators for Education of the Gifted
<input type="checkbox"/>	Local advisory committee	<input type="checkbox"/>	Counselors Association
<input type="checkbox"/>	Parent affiliate	<input type="checkbox"/>	Congress of Parents and Teachers

Statement of Interest

By submitting this form, I agree to be recommended for membership to the 2002 – 2005 Virginia Advisory Committee for the Education of the Gifted through appointment by the Virginia Board of Education in May and June 2002. I will submit additional information to the committee through the nominating subcommittee upon request.

Nominated by _____

Name Title Division

Address _____

Street City ZIP E-Mail

Upon receipt of this information, the Department of Education will contact the candidate directly for more information. This form should be sent electronically as an attachment to bmcgonag@pen.k12.va.us by November 1, 2001.

**Thank you for your willingness to serve on the
Virginia Advisory Committee for the Education of the Gifted**