



ILLINOIS HEAD START ASSOCIATION (IHSA)

NOMINATION FORM #1: SELF-NOMINATION

NOMINEE NAME: _____

COMPONENT (circle one): Director Staff Parent Friend

The person will run for the IHSA Board of Directors as (check ONLY one—see Note below):

- Region V Representative (Serves on the IHSA Board and the Region V Board) 2 Year Term**
- (1) One At Large Member (Serves on the IHSA Board) 2 Year Term**
- PARENT COMPONENT ONLY – (1) One At Large Member (Serves on the IHSA Board) - 1 Year Term**

I am qualified for this office because (explain fully qualifications and goals/vision for IHSA): _____

I feel the major issues the Illinois Head Start Association needs to address in the next two years are: _____

I verify that I am eligible to run for this office per the IHSA By Laws and that I will be able to perform the responsibilities and complete the travel required for this office for the term of two (2) years.

Signature of Candidate _____ Date _____

NOTE: PLEASE BE SURE YOU CHECKED THE BOX FOR THE APPROPRIATE OFFICE

Submit this nomination form and your Agency’s letter of support of your candidacy (except Director and Friend Components) to the Component President by 4:15 pm on February, 21, 2018.