

Name: _____



2016 AWARDS SURVEY

Below and on the following pages you will find a survey which assists us in calculating the points accrued for the Awards Program. Please fill out each category AND the personal information section carefully. This is the sole source of information we will use in determining the award to be presented at the Spring conference for the 2016 calendar year. Therefore, your accuracy is critical to our records. **Please email completed survey to the CASBO office at ColoradoASBO@msn.com by no later than January 31, 2017.**

The point structure is as follows:

120+ GOLD AWARD – PLAQUE & Polo Shirt 119-80 Silver Award – Plaque 79-60 – Certificate

Colorado ASBO

Fifty Points are awarded for:

Earning the Service to the Profession Award 50 _____

Twenty-five Points are awarded for each of the following:

Serving on CASBO Board of Directors:

Position _____ Term _____ 25 _____

Fifteen Points are awarded for each of the following:

Attending CASBO Conferences:

Fall Conference 15 _____

Spring Conference 15 _____

Presenting a program at a CASBO Conference:

Program _____ Date _____ 15 _____

Program _____ Date _____ 15 _____

Program _____ Date _____ 15 _____

Presenting a Program at a CASBO Workshop:

Program _____ 15 _____

Program _____ 15 _____

Program _____ 15 _____

Writing an article for CASBO Newsletter:

Title _____ 15 _____

Title _____ 15 _____

Serving on a CASBO Committee:

Committee _____ 15 _____

Committee _____ 15 _____

Attending a CASBO Workshop:

Course _____ Date _____ 15 _____

Course _____ Date _____ 15 _____

Course _____ Date _____ 15 _____

Course _____ Date _____ 15 _____

Name: _____

Ten Points are awarded for each of the following:

Attending regional affiliate meetings, check one:
___ Pikes Peak ___ Denver Metro Area ___ Northern Area ___ Southwest Area 10 _____

Running for the Board 10 _____

Nominating a Service to the Profession applicant for current year 10 _____

Recruiting new members for CASBO:
Member Name _____ 10 _____
Member Name _____ 10 _____
Member Name _____ 10 _____

Five Points are awarded for each of the following:

Serving as a facilitator at a CASBO Conference:
Session _____ Date _____ 5 _____
Session _____ Date _____ 5 _____
Session _____ Date _____ 5 _____
Session _____ Date _____ 5 _____

Like Us on Facebook 5 _____

ASBO International

Fifteen Points are awarded for each of the following:

Presenting a program at the annual ASBO International conference:
Conference Date _____ Session _____ 15 _____
Conference Date _____ Session _____ 15 _____
Conference Date _____ Session _____ 15 _____

Chairing an ASBO International Committee:
Committee _____ 15 _____

Writing an article for School Business Affairs:
Title _____ 15 _____

Serving as an Instructor for an ASBO International Workshop:
Date _____ Session _____ 15 _____
Date _____ Session _____ 15 _____

Ten Points are awarded for each of the following:

Attending ASBO International Annual Conference 10 _____
Attending ASBO International Leadership Conference 10 _____

Membership in ASBO International 10 _____

Serving on a Committee for ASBO International:
Committee _____ 10 _____

SFO designation maintained 10 _____

Page 2 SUBTOTAL _____

Name: _____

Twenty-five Points are awarded for each of the following:

Certificate of Excellence in Financial Reporting (COE) for person who submits for this designation
Date Awarded _____ 25 _____

Meritorious Budget Award (MBA) for person who submits this for this designation
Date Awarded _____ 25 _____

Earning SFO Designation
Date Awarded _____ 25 _____

Page 3 SUBTOTAL _____

To determine the level of award, please enter your subtotals below:

Page 1 SUBTOTAL _____

Page 2 SUBTOTAL _____

Page 3 SUBTOTAL _____

**GRAND TOTAL _____

****120+ Please indicate shirt size** Small Medium Large X Large XX Large

I understand I am on my honor reporting the points I have accumulated. According to my records the aforementioned survey is correct and the total number of points I have accumulated is accurate.

Signature _____ Date _____

Name _____ District/Organization _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

**PLEASE EMAIL THIS FORM BY January 31st, 2017
TO: *ColoradoASBO@msn.com***