



## SHARON DAVIS-STUBBE AWARD NOMINATION FORM

Sharon Davis-Stubbe's career was focused on literacy and adult education. She was director of the library in Wellston, as well as coordinator of the Jackson County ABLE Program, prior to becoming an educational consultant with the Ohio Department of Education. She was a member of the Ohio Literacy Network and OAAACE.

Each year OAAACE presents different awards in honor of Sharon Davis-Stubbe. Ms. Stubbe was a longtime supporter of adult and continuing education. **The awards include: Outstanding Teachers, Administrator, Support Staff, and Contributors.** The winners are presented the awards at the annual OAAACE conference scheduled for **Friday, October 13th** this year.

### Award Criteria:

Nominees for Teacher and Administrator must be current paid members of OAAACE. Membership is not required for the Contributor and Support Staff categories. Eligible winners of the Administrator and Teacher of the Year awards will automatically be entered for consideration at the national level for the COABE (Commission on Adult Basic Education) Awards.

For **Teacher of the Year**, OAAACE is particularly seeking to recognize a teacher who:

- Currently teaches and has five or more years of adult education teaching experience
- Participates in schools and community activities.
- Communicates effectively with learners, colleagues, and supervisors
- Commits to the adult/continuing education profession
- Commits to his/her own lifelong learning (evidence of professional development)
- Understands the physical, psychological, social, and cognitive characteristics of the adult learning
- Accepts the learner's cultural and ethnic uniqueness
- Provides a non-threatening, supportive atmosphere for learning, which fosters freedom of thought and expression
- Assists learners in formulating personal learning objectives and assessing progress towards those objectives
- Uses the instructional methods, techniques, materials, and resources most appropriate for the learning tasks and characteristics of the adult learner.

For **Administrator of the Year**, OAAACE is particularly seeking to recognize an administrator who:

- Has five or more years of adult education experience
- Has made outstanding contributions to adult education
- Has a clear understanding of adult education and literacy not only as a process, but also as a concept that continues throughout life
- Has demonstrated leadership qualities at all levels (local, state, and national levels) and is a strong advocate of adult education and literacy
- Has proven results and is respected by his/her colleagues
- Has received awards and recognition for his/her work.



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### Guidelines for submission:

- The second page should be responses to the requested information including the statement on the nominee's service to the field.
- The packet should include at least two (2), but no more than four (4), one-page support letters (on this form or attached to the submission email) from individuals other than the person who is submitting the nomination.
- Additional information may be included, but the entire packet, including the cover page, cannot exceed ten (10) pages. Packets which exceed this limit will not be considered.
- A headshot/picture of the candidate

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Use this checklist to verify packet submitted:

Nomination Cover Sheet

Written descriptions

Support letters (2 letters)

Headshot/Picture of Nominee

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**The application must be emailed by **Tuesday, October 3rd** to:**

Christina Miller, OACE Scholarship  
and Awards Chair

Email: [cmmiller@egcc.edu](mailto:cmmiller@egcc.edu)

Phone: (740) 996-4111



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## COVER SHEET:

### Nomination information :

**Please check one:**

**Teacher:** includes Instructors/Trainees/Tutors/Direct Service Providers

**Administrator:** includes Supervisor/Training Manager

**Support Staff:** includes Instructional Assistants/Clerical/ and other Support Staff

**Contributor**

**OACE Region:**

Central/Southeast

Northeast

Northwest

Southwest

### Nominee:

Name

Position/Title

Organization

Address

City, State, Zip

Telephone/ Extension

Email address

OACE member?

How many years of ABE experience?

### Nominator's Name:

Name

Position/Title

Organization

Address

City, State, Zip

Telephone/ Extension

Email address



## SHARON DAVIS-STUBBE AWARD NOMINATION FORM

### Written descriptions:

Please respond to the following:

1. Nominee's Work Experience (with ABE and outside of ABE)
2. Biography of the nominee:
3. Nominee's qualifications
4. Nominee's future plans/goals
5. A description of the nominee's outstanding service to the field of adult and continuing education. Include contributions at the local, state, and/or national level:



## SHARON DAVIS-STUBBE AWARD NOMINATION FORM

### Sharon Davis-Stubbe Award Support Letter One (Required)

Nominee \_\_\_\_\_ for Outstanding \_\_\_\_\_

1. Describe how long, and in what capacity, you have known this nominee.
2. Describe the contributions this person or organization has made to the local adult education field.
3. What contributions has this nominee made to the field of adult education at the state or national level?
4. What qualities make this nominee stand out in his or her particular area?
5. Do you have any additional comments?



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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## SHARON DAVIS-STUBBE AWARD NOMINATION FORM

### Sharon Davis-Stubbe Award Support Letter Two (Required)

Nominee \_\_\_\_\_ for Outstanding \_\_\_\_\_

1. Describe how long, and in what capacity, you have known this nominee.
2. Describe the contributions this person or organization has made to the local adult education field.
3. What contributions has this nominee made to the field of adult education at the state or national level?
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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





## SHARON DAVIS-STUBBE AWARD NOMINATION FORM

### Sharon Davis-Stubbe Award Support Letter Three (Optional)

Nominee \_\_\_\_\_ for Outstanding \_\_\_\_\_

1. Describe how long, and in what capacity, you have known this nominee.
2. Describe the contributions this person or organization has made to the local adult education field.
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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



## SHARON DAVIS-STUBBE AWARD NOMINATION FORM

### Sharon Davis-Stubbe Award Support Letter Four (Optional)

Nominee \_\_\_\_\_ for Outstanding \_\_\_\_\_

1. Describe how long, and in what capacity, you have known this nominee.
2. Describe the contributions this person or organization has made to the local adult education field.
3. What contributions has this nominee made to the field of adult education at the state or national level?
4. What qualities make this nominee stand out in his or her particular area?
5. Do you have any additional comments?



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