



**ILLINOIS HEAD START ASSOCIATION (IHSA)**

**NOMINATION FORM # 2: FOR ANOTHER PERSON**

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**

The person is qualified for this office because (explain fully qualifications and goals/vision for IHSA): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person feels the major issues the Illinois Head Start Association needs to address in the next two years are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that I have contacted this person, they have agreed to be nominated for this office, and they are eligible to run for this office per the IHSA Bylaws. This person will be able to perform the responsibilities and complete the travel required for this office for the term of two (2) years.

Signature Person Making Nomination \_\_\_\_\_ Date \_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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

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