



PASS STUDENT OF THE YEAR NOMINATION FORM

Since 1978, the PASS program has helped credit-deficient migrant students earn credits and stay on track to graduate. You can now nominate a deserving student for the Washington PASS Student of the Year Award, recognizing those who have overcome academic challenges through PASS.

Submission Deadline: April 27th, 2026.

WASHINGTON STATE PASS STUDENT OF THE YEAR AWARD RECIPIENT

- Awarded a plaque during the Annual Washington State Migrant Education Program State conference awards luncheon, held each August in Yakima.
- **PASS STUDENT OF THE YEAR AWARD RECIPIENT** The PASS award recipient must be in their senior year of high school and a current migrant eligible PASS student. The recipient will be awarded a scholarship, through SeaMar, of \$1,000. The scholarship recipient will be required to submit documentation of enrollment, from the college, for each semester enrolled. The scholarship funds will be sent directly to the college.

DIRECTIONS AND CHECK LIST

Directions: Submit one nomination packet for each migrant eligible PASS student nominated.

NOMINATION PACKETS INCLUDE ALL OF THE FOLLOWING:

- Nominating Staff Sections 1, 2, and 3:** Complete, sign and date where indicated
- Student Essay Section 4:** Double space, Times New Roman 12 pt. One page or roughly 250 words.
Ideally, essay will:
 - DESCRIBE challenges to success in high school that have been overcome and lessons learned,
 - EXPLAIN how PASS helped.
 - ACKNOWLEDGE support of influential teachers, mentors, and family members,
 - IDENTIFY educational and career goals.
- Student/Parent Authorization and Photo Section 5:** Attach a clear color photo of the nominee (head and shoulders with an uncluttered background). *Electronic photo preferred.* Photo can be emailed as an attachment to pass@msdr.org. Complete, sign and date where indicated.
 - **Please note:** Section V includes completion and submission of the Office of Superintendent of Public Instruction Photo/Video Release Form

MAIL OR EMAIL COMPLETE NOMINATION PACKETS TO:



Migrant Student Data, Reporting and Support

Attn: Washington State PASS Program

810-B East Custer Ave.

Sunnyside, WA 98944

Email: pass@msdr.org

Contact us with any questions at (509) 837-2712



NOMINATING STAFF

**(PASS CONTACT OR OTHER EDUCATOR)
COMPLETES SECTION 1, 2, and 3**

SECTION 1: PASS STUDENT OF THE YEAR NOMINEE INFORMATION

Student Name: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Current School District: _____ Current School: _____

Summer School Attended (if appropriate): _____

Projected Date of High School Graduation: _____ Career Goal: _____

Intended Post-High School College or Technical School: _____

List PASS Course(s) Taken: _____

SECTION 2: MIGRANT PASS STUDENT OF THE YEAR NOMINEE PROFILE

(Contact may attach a separate document, if needed. Please label appropriately.)

A. Family history of migration moves. Who does the qualifying work?

B. How did PASS help the student?

c. Tell why you feel the nominee is particularly deserving of this recognition

SECTION 3: NOMINATION STAFF INFORMATION

Nominated By: _____ Position/Title: _____

School District: _____ School: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____



STUDENT/PARENT SECTION

SECTION 4: STUDENT ESSAY / ENSAYO DEL ESTUDIANTE

Attach a 250 words student essay

Adjunte el ensayo del estudiante de 250 palabras

Ideally, essay will/ *Idealmente, el ensayo deberá:*

- **DESCRIBE** challenges to success in high school that have been overcome and lessons learned, *DESCRIBA los desafíos al éxito en la escuela secundaria que se han superado y las lecciones aprendidas,*
- **EXPLAIN** how PASS helped overcome the obstacles, *EXPLIQUE cómo PASS ayudó a superar los obstáculos,*
- **ACKNOWLEDGE** support of influential teachers, mentors, and family members, *RECONOCE el apoyo de maestros influyentes, mentores y familiares,*
- **IDENTIFY** educational and career goals, and state why that career was chosen. *IDENTIFIQUE las metas educativas y profesionales, y explique por qué se eligió esa carrera.*

SECTION 5: PHOTO AND PARENT/STUDENT AUTHORIZATION / FOTO Y AUTORIZACIÓN DE PADRES/ESTUDIANTE

STUDENT PHOTO | FOTO DEL ESTUDIANTE

Color, head and shoulders photo with an uncluttered background can be emailed to | *La foto a color de cabeza y hombros con un fondo despejado se puede enviar por email a:*

pass@msdr.org

Electronic photo is preferred | Se prefiere la foto electrónica

Note: Photo will not be returned. | Nota: La foto no será devuelta.

STUDENT COMPLETEES | ESTUDIANTE COMPLETA:

I agree to the use of my name, photograph and/or the information contained in the nomination packet by the Washington State Migrant Education Program for publication in PASS related materials including, but not limited to, the monthly newsletter.

Estoy de acuerdo con el uso de mi nombre, fotografía y/o la información contenida en el paquete de nominación por el Programa de Educación Migrante del Estado de Washington para su publicación en materiales relacionados con PASS que incluyen, entre otros, la hoja informativa mensual.

Student Signature | *Firma del Estudiante*

Date | *Fecha:*

PARENT/GUARDIAN COMPLETEES | PADRES/TUTOR COMPLETEOS

Required if student is under 18 years of age and is not legally emancipated | *Requerido si el estudiante es menor de 18 años y no está legalmente emancipado*

I agree to the use of my child's name, photograph and/or the information contained in the nomination packet by the Washington State Migrant Education Program for publication in PASS related materials including, but not limited to, the monthly newsletter.

Estoy de acuerdo con el uso del nombre de mi hijo, fotografía y / o la información contenida en el paquete de nominación por el Programa de Educación Migrante del Estado de Washington para su publicación en materiales relacionados con PASS que incluyen, entre otros, la hoja informativa mensual

Parent/Guardian Signature | *Firma de Padres/Tutor*

Date | *Fecha*

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION PHOTO/VIDEO RELEASE FORM



Washington Office of Superintendent of
PUBLIC INSTRUCTION

The Office of Superintendent of Public Instruction (OSPI) is dedicated to supporting teaching and learning in the State of Washington. This includes developing our own website, publications, and informational materials. In this work, there will be opportunities for people to be interviewed, photographed, and/or videotaped.

In signing this release, I give OSPI or any organization acting on its behalf the right to use, publish, display and/or reproduce any video/recorded voice/photographs in which (Name of Nominee)_____ may appear, without payment.

I understand and agree that these materials will become the property of the OSPI and will not be returned. I also authorize OSPI to edit, alter, copy, exhibit, publish or distribute this video/recorded voice/photograph for educational purposes or any other lawful purpose.

- We/I give permission for OSPI to use likeness/voice of **nominee** along with **full** name.
- We/I give permission for OSPI to use likeness/voice of **nominee** along with **first name** only.
- We/I give permission for OSPI to use likeness/voice of **nominee only** without disclosing his/her name.

I am 18 years of age and competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

_____ Signature	_____ Date
_____ Printed Name	_____ Date

If the nominee is under age 18, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent or legal guardian of _____, named above, and give my consent.

_____ Signature	_____ Date
_____ Printed Name	_____ Date

Contact information of Nominee (or Nominee’s Parent/Guardian)

_____ Address	_____ Phone Number/Email
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OFICINA DEL SUPERINTENDENTE DE INSTRUCCIÓN PÚBLICA
CONSENTIMIENTO DE FOTOGRAFÍA/VIDEO



Washington Office of Superintendent of
PUBLIC INSTRUCTION

La Oficina del Superintendente de Instrucción Pública (OSPI-*inglés, Office of Superintendent of Public Instruction*) está dedicada a apoyar la enseñanza y el aprendizaje en el Estado de Washington. Esto incluye el desarrollo de nuestro propio sitio de internet, publicaciones y materiales informativos. En este trabajo habrá oportunidades para entrevistar, tomar fotografías y/o hacer grabaciones de video.

Al firmar este consentimiento Yo doy permiso a OSPI, o cualquier organización que actúe de parte de OSPI, el derecho de usar, publicar, mostrar y/o reproducir cualquier video/grabación de voz /fotografía en la cual aparezca (Nombre de el/la nominado/a) _____ sin recibir compensación.

Comprendo y estoy de acuerdo con que estos materiales serán propiedad de OSPI y no serán regresadas. También autorizo a OSPI a editar, alterar, copiar, exhibir, publicar o distribuir este video/grabación de voz/fotografía para fines educativos o cualquier otro fin legal.

Yo/Nosotros doy/damos permiso a OSPI a usar este video/grabación de voz/fotografía de el/la **nominado/a** junto con su **nombre completo**.

Yo/Nosotros doy/damos permiso a OSPI a usar este video/grabación de voz/fotografía de el/la **nominado/a solo** junto con su **primer nombre**.

Yo/Nosotros doy/damos a OSPI a usar este video/grabación de voz/fotografía de el/la **nominado/a** sin revelar su nombre.

Tengo 18 años y soy competente para firmar un contrato por mí mismo. He leído este consentimiento antes de firmar a continuación, y comprendo completamente su contenido, significado y el impacto de este consentimiento.

Firma

Fecha

Nombre en letra de molde

Fecha

Si el/la candidato/a es menor de 18 años, debe haber consentimiento de un padre o tutor de acuerdo con lo siguiente:

Por la presente certifico que soy el **padre o tutor** de (Nombre de el/la nominado/a) _____, nombrado anteriormente, y doy mi consentimiento.

Firma

Fecha

Nombre en letra de molde

Fecha

Información para contactar a el/la nominado/a (o el padre/tutor legal de el/la nominado/a)

Dirección

Teléfono/Email