



# PORTABLE ASSISTED STUDY SEQUENCE (PASS) STUDENT OF THE YEAR NOMINATION FORM

## PASS STUDENT OF THE YEAR NOMINEE AND SCHOLARSHIP INFORMATION

Since 1978, hundreds of school districts have helped thousands of credit deficient migrant students to earn the needed credits to graduate through the Portable Assisted Study Sequence, PASS, program. You have the opportunity to nominate a deserving migrant student(s) for the Washington PASS Student of the Year award! The purpose of this award is to recognize exceptional and very deserving students for overcoming obstacles and accessing PASS to get back on track to graduate. Nomination forms are available for download at [www.msdr.org](http://www.msdr.org) or email [pass@msdr.org](mailto:pass@msdr.org).

### NOMINEES HAVE THE OPPORTUNITY TO EARN RECOGNITIONS AND AWARDS AS DESCRIBED BELOW

#### 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.

#### WASHINGTON STATE PASS STUDENT OF THE YEAR AWARD RECIPIENT, FIRST RUNNER-UP, AND SECOND RUNNER-UP

- Will have his/her story featured in the "Success Stories" National Publication disseminated by the National PASS Center.
- Washington State will submit nomination(s) for consideration as nominees for the National PASS Student of the Year award and scholarship.
- **NATIONAL PASS STUDENT OF THE YEAR AWARD RECIPIENT** The National PASS award recipient will be awarded a scholarship, through the National PASS Center, of \$500 per semester for up to two years, for a total of \$2,000. 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 per eligible PASS migrant student nominated.

**COMPLETE NOMINATION PACKETS MUST BE SUBMITTED ANNUALLY TO  
THE WASHINGTON STATE PASS PROGRAM NO LATER THAN JANUARY 22<sup>nd</sup> OF EACH YEAR.**

#### NOMINATION PACKETS INCLUDE ALL OF THE FOLLOWING:

- Nominating Staff Sections I, II, and III:** Complete, sign and date where indicated (*15/25 points possible*)
- Student Essay Section IV:** 300-500-word essay (*10/25 points possible*)  
*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 V:** 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 [dtrautman@msdr.org](mailto:dtrautman@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
- Certificate of Eligibility:** MSDRS will provide.

### MAIL, FAX, OR EMAIL COMPLETE NOMINATION PACKETS TO:

**Migrant Student Data, Recruitment and Support (MSDRS)**

Attn: Denise Trautman  
810-B East Custer Avenue  
Sunnyside, WA 98944

MSDRS Fax: (509) 839-9017 Email: [dtrautman@msdr.org](mailto:dtrautman@msdr.org)

Contact PASS with any questions at (800) 274-6084 or [pass@msdr.org](mailto:pass@msdr.org).





# PORTABLE ASSISTED STUDY SEQUENCE (PASS) STUDENT OF THE YEAR NOMINATION FORM

## NOMINATING STAFF

(PASS CONTACT OR OTHER EDUCATOR)

COMPLETES SECTION I, II, and III

Scoring Criteria: Student Profile = 15 points, Student Essay = 10 points.....Total Points Possible: 25 points

### SECTION I: PASS STUDENT OF THE YEAR NOMINEE INFORMATION

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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 II: 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? (5/25 points possible)**

**B. How did PASS help the student? (5/25 points possible)**

**c. Tell why you feel the nominee is particularly deserving of this recognition (5/25 points possible)**

### SECTION III: NOMINATION STAFF INFORMATION

Nominated By: \_\_\_\_\_ Position/Title: \_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



# PORTABLE ASSISTED STUDY SEQUENCE (PASS) STUDENT OF THE YEAR NOMINATION FORM

## STUDENT/PARENT SECTION

Scoring Criteria: Student Profile = 15 points, Student Essay = 10 points.....Total Points Possible: 25 points

### SECTION IV: STUDENT ESSAY | ENSAYO DEL ESTUDIANTE

Attach a 300-500 words student essay

(10/25 points possible)

Adjunte un ensayo del estudiante de 300-500 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 V: PHOTO AND PARENT/STUDENT AUTHORIZATION | FOTO Y AUTORIZACIÓN DE PADRES / ESTUDIANTES

#### 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:*

[dtrautman@msdr.org](mailto:dtrautman@msdr.org)

*Electronic photo is preferred | Se prefiere la foto electrónica*

Or you may attach the photo here | *O puede adjuntar la foto aquí.*

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

#### STUDENT COMPLETES | 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 and the National PASS Center (NPC) for publication in PASS related materials including, but not limited to, the annual PASS Success Stories booklet and the National PASS Center (NPC) website.

*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 y el Centro Nacional PASS (NPC) para su publicación en materiales relacionados con PASS que incluyen, entre otros, el informe anual PASS Success Stories y el sitio web del Centro Nacional PASS (NPC).*

\_\_\_\_\_  
Student Signature | *Firma del Estudiante*

\_\_\_\_\_  
Date | *Fecha:*

**COVID PRINTED SIGNATURE OPTION:** I have reviewed the attached form and certify that it is correct and accurate. I agree with all terms and conditions of the form. I agree that my typed signature below will be considered an original signature on the attached form.

**Opción de Firma Impresa COVID19:** *He revisado el formulario y certifico que es correcto y preciso. Estoy de acuerdo con todos los términos y condicionados del formulario. Acepto que mi firma mecanografiada se considerará una firma original.*

#### PARENT/GUARDIAN COMPLETES | PADRES/TUTOR COMPLETOS

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 and the National PASS Center (NPC) for publication in PASS related materials including, but not limited to, the annual PASS Success Stories booklet and the National PASS Center (NPC) website.

*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 y el Centro Nacional de PASS (NPC) para su publicación en materiales relacionados con PASS que incluyen, entre otros el folleto anual de historias de éxito de PASS y el sitio web del Centro Nacional de PASS (NPC).*

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

\_\_\_\_\_  
Date | *Fecha*

**COVID PRINTED SIGNATURE OPTION:** I have reviewed the attached form and certify that it is correct and accurate. I agree with all terms and conditions of the form. I agree that my typed signature below will be considered an original signature on the attached form.

**Opción de Firma Impresa COVID19:** *He revisado el formulario y certifico que es correcto y preciso. Estoy de acuerdo con todos los términos y condicionados del formulario. Acepto que mi firma mecanografiada se considerará una firma original.*



Washington State Migrant Education Program

# PORTABLE ASSISTED STUDY SEQUENCE (PASS) STUDENT OF THE YEAR NOMINATION FORM

## 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

*COVID PRINTED SIGNATURE OPTION: I have reviewed the attached form and certify that it is correct and accurate. I agree with all terms and conditions of the form. I agree that my typed signature below will be considered an original signature on the attached form.*

\_\_\_\_\_  
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

*COVID PRINTED SIGNATURE OPTION: I have reviewed the attached form and certify that it is correct and accurate. I agree with all terms and conditions of the form. I agree that my typed signature below will be considered an original signature on the attached form.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Contact information of Nominee (or Nominee's Parent/Guardian)**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number/Email



Washington State Migrant Education Program

# PORTABLE ASSISTED STUDY SEQUENCE (PASS) STUDENT OF THE YEAR NOMINATION FORM

## 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

*Opción de Firma Impresa COVID19: He revisado el formulario y certifico que es correcto y preciso. Estoy de acuerdo con todos los términos y condicioned del formulario. Acepto que mi firma mecanografiada se considerará una firma original.*

\_\_\_\_\_  
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

*Opción de Firma Impresa COVID19: He revisado el formulario y certifico que es correcto y preciso. Estoy de acuerdo con todos los términos y condicioned del formulario. Acepto que mi firma mecanografiada se considerará una firma original.*

\_\_\_\_\_  
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