



New York State Association for Bilingual Education

726 Broadway, Fifth Floor, New York, NY 10003

46th Annual Conference

Empowering Multilingual Student Voices to Advocate for their
Right to Bilingual Education

April 2-4, 2024 ~ Marriott Syracuse Downtown ~ Syracuse, NY

CALL FOR NOMINATIONS: NYSABE PROFESSIONAL AWARDS

Over the years, the New York State Association for Bilingual Education (NYSABE) has honored individuals for their outstanding dedication, contributions, and commitment to bilingual education. Please accept this **Call for Nominations** as an invitation to acknowledge your colleagues' excellent work at our upcoming annual conference.

By completing your nominations, you are participating in NYSABE's initiative to increase bilingual education awareness in New York State. The awards to be presented this year include:

- **THE GLADYS CORREA MEMORIAL AWARD**
- **THE DR. ANTONIA PANTOJA BILINGUAL ADVOCACY AWARD**
- **THE BILINGUAL PARENT OF THE YEAR AWARD**
- **THE DR. XIMENA ZATE BILINGUAL TEACHER OF THE YEAR AWARD**
- **THE BILINGUAL EDUCATION ADMINISTRATOR AWARD**
- **THE BILINGUAL SUPPORT PERSONNEL AWARD**
- **THE BILINGUAL INSTRUCTIONAL ASSISTANT OF THE YEAR AWARD**

Please review the eligibility criteria and nomination packet requirements for each award below.

Nominations must be submitted electronically with the subject "GLADYS CORREA AWARD NOMINATION" to conference email address: NYSABEConference@gmail.com.

Deadline: Friday, January 19, 2024

Sincerely,

James Nieves
NYSABE President 2023-2024

Shirley Vargas
NYSABE Professional Awards Committee Chairperson
Region 1 Delegate

Lyda Ragonese
NYSABE Conference Chairperson
NYSABE Treasurer and At-Large Delegate



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CALL FOR NOMINATIONS: THE GLADYS CORREA MEMORIAL AWARD

The purpose of this award is to recognize the outstanding contributions of individuals who continually strive for the improvement of bilingual education, particularly in New York State.

ELIGIBILITY CRITERIA:

- Individuals whose regular work and exemplary contributions to improve bilingual education, with the dedication and commitment exemplified by Gladys Correa are eligible for nomination.
- Candidates are typically professional educators who have demonstrated leadership, commitment, excellence, and dedication to the education of ELLs/multilingual learners.
- Candidates must be widely respected and admired by students, parents, and colleagues in the field of Bilingual Education.
- Prior recipients of this award are not eligible for nomination.
- **The nominee must be a member of NYSABE.**

NOMINATION PACKET:

In addition to a completed **nomination form**, the **supporting documentation** to be submitted by the nominator must include:

- **The nomination letter:** This letter must state the nominee's outstanding service to the educational community at large, as opposed to a specific field such as special education, elementary education, secondary education, etc. It must also state the nominee's continuous contribution to the improvement of bilingual education, particularly in New York State; his/her leadership, commitment, and dedication to the education of ELLs/multilingual learners, and his/her dedication to the target community, as well as efforts to involve diverse language groups.
- **Three letters of recommendation:** These letters must demonstrate the nominee's outstanding contributions to bilingual education. They should be written by people other than the nominator and should address the eligibility criteria outlined in the preceding section.
- **Nominee's Statement:** This statement details the nominee's beliefs and practices regarding bilingual education (200-250 words).
- **One copy of nominee's résumé or vita.**

NOTE: Each supporting document must be double-spaced and should not exceed four-typed pages. All documents must be in either MS WORD or PDF format.

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NOMINATION FORM: THE GLADYS CORREA MEMORIAL AWARD

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NOMINEE'S INFORMATION:

Name: _____

Address: _____

Telephone: _____

Email: _____

School/Institution: _____

Current Position: _____

Is the nominee a member of NYSABE? Yes No (disqualified)

of years as NYSABE member _____

INFORMATION OF THE NOMINATOR:

Name: _____

Address: _____

Telephone: _____

Email: _____

School/Institution: _____

Current Position: _____

Are you a member of NYSABE? Yes No

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