



Fresno County EDUCATOR OF THE YEAR



MEMORANDUM

DATE: December 2025

TO: Administrator of the Year Nominees

FROM: Jennifer Quinn-Yovino
Educator of the Year Coordinator

RE: District Nomination

Congratulations! You have been chosen as your district's winner and are moving on to the Fresno County Administrator of the Year awards!

Enclosed is the application packet which includes instructions for your nomination and a timeline for the process. Please complete the paperwork and upload your application at: educatorawards.fcoe.org under "District Nominations" by Friday, March 6, 2026, at Midnight. (Please also provide your district office with a copy for their files.)

Your district has recognized you as a leader in education and is proud of the work you do for our students. This nomination sets you apart from the rest, and regardless of the outcome, designates you as a winner. Therefore, all nominees, their families, and colleagues will be invited to celebrate this achievement at the gala awards ceremony in the fall. Once again, congratulations on this tremendous honor.

NOTE: If you do not wish to be considered a finalist at the county level but would still like to be recognized as your district's winner at the fall event, please complete steps one and seven listed on the following page and submit by the deadline. Thank you!

Application procedures on next page

Special Projects, Office of the Fresno County Superintendent of Schools

1111 Van Ness Avenue • Fresno, California 93721

(559) 603-6730 • www.fcoe.org



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ADMINISTRATOR APPLICATION

1. Completed nomination form (*attachment*)

Note: If you do not wish to move forward and be considered as a finalist, you do not need to complete steps 2-6. You only need the nomination form and photo to be honored as your district's winner at the November ceremony.

2. District nomination letter (*two pages maximum, double spaced*)

This letter should be written by the nominating administrator (or district representative) explaining why the candidate is the district winner and why they should be considered for the Fresno County honor.

3. Nominee introduction: (*two pages maximum, double spaced*)

Explain what you do and what it is like to be on your campus or in your department/program.

4. Resumé (*Career History and Professional Development Activities*)

Consider including:

Education/credentials, professional experience, service to the community, professional affiliations, recognitions, awards, honors, grants, publications, and professional development

5. Professional Reflections (*two pages maximum, double spaced*)

Describe how your leadership has contributed to the profession. Please also include the rewards of being an administrator and the accomplishments of which you are most proud.

6. Two letters of support from any of the following:

Administrator, colleague, student or community member

7. Photo Reservation Information: (*included in packet*)

Reserve photography Dates Feb 23, 24, 27, from 3:00 - 5:30 p.m. & Feb 28 from 8:30 a.m. - 11:30 a.m.

at the office of the Fresno County Superintendent of Schools: [1111 Van Ness Avenue, Fresno, CA 93721](https://www.fresno.k12.ca.us/1111-Van-Ness-Avenue-Fresno-CA-93721).

Detailed instructions will be given when you call for an appointment. There will be no charge.

Nominees must call to schedule an appointment: Phone (559) 603-6730.

Applications must be uploaded by Midnight on Friday, March 6.

The portal is on our website under "District Nominations" at the link below:

educatorawards.fcoe.org

if you have questions, please call: (559) 603-6730



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ADMINISTRATOR NOMINATION FORM

Note: Nomination Form must be typewritten if not completed electronically.
To complete the form electronically go to educatorawards.fcoe.org

Name: _____

Phonetic Pronunciation: _____

Title: _____

School: _____

School Address: _____

School Phone: _____ Fax: _____

School District: _____

Number of Students in District: _____ Number of Students in School: _____

Total Years in Education: _____ Number of Years at Present Location: _____

Email Address: _____

Home Address: _____

Cell Phone: _____ Drivers License Number: _____

I hereby give my permission that any or all of the following material may be shared with persons interested in promoting the Educator of the Year Program.

Supervisor if other than Superintendent: _____

Address: _____ Phone: _____

Signature of District Superintendent

Signature of Nominee:

X _____ X _____