



UNITED STATES POWER SQUADRONS®
Educational Department
NOMINATIONS FOR EDUCATIONAL OFFICER
AND ASSISTANT EDUCATIONAL OFFICER

Nominations for Squadron and District Educational Officers and Asst. Educational Officers must be approved prior to election to Office. The Chair of the applicable NomCom should type or print the information below and send three copies to the DEO for squadron nominations and to the NEO for district nominations AT LEAST 60 DAYS before the election. Keep a fourth copy for the NomCom's own files.

For SEO/ASEO of _____ Squadron

For DEO/ADEO of District _____

Effective Date of Installation to Office: _____

THE PROPOSED NOMINEE for EDUCATIONAL OFFICER is:

Circle Courses Passed:

S P AP JN N

 Name Rank Grade Certificate Number CP EM IQ ME Sa Wx

 Street Address City State ZIP+4

E-mail: _____

Telephone: (H) (____) _____ (B) (____) _____ (Fax) (____) _____

RENOMINATION (Prior years in this office ____) Name of Spouse _____

NEW NOMINATION (Reason for Change) _____

THE PROPOSED NOMINEE for ASST. EDUCATIONAL OFFICER is:

Circle Courses Passed:

S P AP JN N

 Name Rank Grade Certificate Number CP EM IQ ME Sa Wx

 Street Address City State ZIP + 4

E-mail: _____

Telephone: (H) (____) _____ (B) (____) _____ (Fax) (____) _____

RENOMINATION (Prior years in this office ____) Name of Spouse _____

NEW NOMINATION (Reason for Change) _____

SUBMITTED BY ChNomCom: (signed) _____

 Name Rank Grade Certificate Number

 Street Address City State ZIP+4

E-mail: _____

Telephone: (H) (____) _____ (B) (____) _____ (Fax) (____) _____

APPROVAL:

EDUCATIONAL OFFICER Nomination Approved Not Approved

ASST. EDUCATIONAL OFFICER Nomination Approved Not Approved

APPROVAL Signature: _____ DEO or NEO

Date: _____

DEO/NEO: If fully approved, sign and send one copy to HQ and one copy to the submitting ChNomCom, keeping the third copy for your own files. If either nominee is not approved, return two copies with your comments to ChNomCom, keeping the third copy for your own files.