

## Chapter Advisor of the Year Nomination Form

## **Instructions**

- A. Please submit this form only.
- B. Cover sheets and additional materials are not accepted.
- C. Advisors cannot receive this award two years in a row.
- D. This completed form should be submitted to your TSA chapter advisor.
- E. Completed applications must be received by May 1.

(To be complete	ed by the nominee)		
Check One: Mid	dle School	_ High School	
Name of Nomine	ee		_
School			
Principal's Name	<del>)</del>		
School address			
City/state/zip			
Telephone		Number of years teaching	
Science, techno	ogy, engineering or ma	ath education courses currently teaching.	
PROMOTING T	SA (To be completed	by the nominee)	_
1. Indicate the r	umber of students you	ı have taught and advised during the past three	years.
Number	of students taught		
Number	of TSA members		
	number of officer candi eaching career:	idates you have sponsored for positions beyond	the chapter level
Regional	 State	 National	

Chapter Advisor of the Year Application (continued)

CHAPTER ACCOMPLISHMENTS (To be completed by the nominee) List major projects that represent your chapter's program of work.		
FACILITATION SKILLS (To be completed by nominee)		
Describe how you recruit students for your TSA chapter.		
2. Describe how projects are planned and accomplished in your chapter.		

Chapter Advisor of the Year Application (continued)

## To be completed by the state advisor

## LEADERSHIP SKILLS

1.	Describe the advisor's participation in TSA at the state level.	
2.	Describe the advisor's participation at the national level.	
3.	List other organizations and activities in which the advisor is involved.	
	e certify that the claim and information reported on behalf of the advisor a	re true and accurate
	apter president	
Sc	hool administrator	_ Date
Sta *If	ate advisorthe state advisor is the local advisor, another local advisor must sign this form.	_ Date

Submit this form to your state advisor. Award deadlines may vary by state