



2015 CHAPTER of the YEAR AWARD APPLICATION

Date \_\_\_\_\_

Instructions: Print or type information. Be sure all information is legible. Incomplete applications will not be considered and will not be returned.

Chapter Name : \_\_\_\_\_

Advisor Name \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ School Website \_\_\_\_\_

Sponsoring School \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Primary Phone: \_\_\_\_\_ Alt. Email \_\_\_\_\_

Is Advisor a Member of ADDA? Yes  No

Professional  Educational  Associate  Other Type

Is the school's Curriculum ADDA Certified? Yes  No  If so, what Level and When? \_\_\_\_\_

Is the Advisor currently or a prior Industry Professional? Yes  No

Is the Advisor currently or formally ADDA Certified? Yes  No

What was or is the Advisor's primary discipline area? \_\_\_\_\_

List Companies for which you have worked. \_\_\_\_\_

When was the ADDA Student Chapter Chartered? \_\_\_\_\_

Has chapter members participate in any ADDA Student Programs?

Drafting Design Yes  No

Poster Contest Yes  No

Does the Program have an Advisory Committee? Yes  No  List Members and Contact Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Date \_\_\_\_\_

Total Number of Chapter Members \_\_\_\_\_

Months Chapter Meeting were held the last Calendar Year and the Number in Attendance

- January, February, March, April, May, June, July, August, September, October, November, December

Attach Chapter Minutes from each meeting indicated above:

Were Chapter Members involved in SkillsUSA [ ] Regional [ ] State [ ] National

Did any of the Chapter Members "Rank" within the competitions? Yes [ ] No [ ] If yes, please attached information concerning the competition listing names, competitions and awards received.

Attach Chapter financial statement if applicable.

Attach information regarding any School Programs in which the Chapter is involved. Attach any supporting documentation such as flyers or news articles.

Attach information regarding any Community Programs in which the Chapter has been or is currently involved. Attach any supporting documentation such as flyers or news articles. Attach information on how projects were funded or monies raised.

Attach additional information in relation to your program such as other publicity which was not provided above.

Letters of reference from community leaders and businesses are acceptable.

Signature of Current Chapter Advisor

Printed Name of Chapter President

Signature of Chapter President

Printed Name of Chapter Vice President

Signature of Chapter Vice President

Printed Name of Chapter Secretary

Signature of Chapter Secretary

Information must be completed, signed and returned to ADDA by January 05, 2015. Winner will be announced January 26, 2015.