



2015 INSTRUCTOR of the YEAR AWARD APPLICATION

Date _____

Instructions: Print or type information. Be sure all information is legible. Incomplete forms will be returned.

Name : _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Mobile Phone _____

Email: _____ School or Class Website: _____

Are you a Member of ADDA? Yes No

Professional Educational Associate Student Other Type

Is your school's Curriculum ADDA Certified? Yes No If so, what Level and When? _____

Are you a prior Industry Professional? Yes No

What was your primary discipline area? _____ List Companies you have worked for? _____

Does your school have an ADDA Student Chapter? Yes No If so, When Chartered? _____

Do you hold an ADDA Professional Certification? Yes No If so, what Level and When? _____

Do your students participate in any ADDA Student Programs (Drafting Design or Poster Contest)? Yes No

Does your Program have an Advisory Committee? Yes No

If so, List Members and Phone Contact Information: _____



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Are you involved in any Professional Associations? Yes No If so, List? _____

How long have you been an Instructor? _____ Where do you currently teach? _____

List your last three (3) positions held? _____

What is your Professional or Educational Background; such as Training, Industry Experience, Continuing Education, Diplomas or Degrees? _____

List your involvement in Community Activities: _____

Attach a short statement or letter from two (2) of the following persons, Supervisor, Dean, Principle, Advisor, Education Director, Board of Education Member or Director, Community Leader of why you deserve this recognition. All must be signed and dated by the recommender.

Instructor Signature _____ Date _____

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