



2015 STUDENT MEMBER of the YEAR AWARD APPLICATION

Date _____

Recommended by Instructor or Educational Office

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

Students Name : _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Mobile Phone _____

Email: _____

Are you a Member of ADDA? Yes No → Professional Associate Student Other Type

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

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

Are you a member of the ADDA Student Chapter? Yes No

Is your Instructor ADDA Professionally Certified? Yes No

Circle Highest Grade Level: 9 10 11 12 13 14 15 16

School Currently Attending: _____

Program Name: _____

Current Class Grade Average over range of Program? _____

Current School Grade Average over range of Attendance? _____

List any Community Involvement and Projects: _____

List any School Service Involvement and Projects: _____



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List any Notable Projects student has been involved in related to your drafting program: _____

Statement from Instructor _____

Signature _____

Statement from Principle _____

Signature _____

Other recommendation statements _____

Instructor Name: _____

Instructor Signature: _____ Date: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

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