



Advisor of the Year Nomination Instructions

Nominations for the SkillsUSA Vermont, Advisor of the Year can be submitted by:

- Any Active SkillsUSA Advisor or Registered Professional Member
- Any Affiliated Program Instructor
- Any Local Chapter or CTE Center Administrator
- Any member of the SkillsUSA Vermont Leadership Team
- Advisors are encouraged to self-nominate.

Nominator should submit the following to his/her State SkillsUSA Assistant Director not later than March 1st:

- Completed Nomination Form
- One-page narrative-style biography of the nominee (one page, single spaced).

Mail the nomination materials to: Linda Randall, Executive State Director, SkillsUSA Vermont
29 Church Street, Lower Level
Burlington, Vermont 05401

Special Note: The procedure for the final selection of the SkillsUSA Vermont Advisor of the Year is as follows:

1. A review committee made up of SkillsUSA Vermont Leadership Team members, local chapter advisors and the State Director of CTSO's will select a state winner. A selection criteria rubric is available upon request.
2. The recipient of the award will be brought up on stage for presentation of the award during the annual SkillsUSA Vermont Leadership and Skills Conference.

Criteria

This award will be presented to secondary and/or postsecondary educators involved in technical, skilled, and service occupations, including health occupations courses, and who have achieved prominence at local, state or national levels.

Eligibility

Eligible individuals are individuals who are currently employed by high schools, postsecondary institutions, career centers, area career technical schools, etc. Contributions and achievements on which the nomination is based should have been made within the past ten years. The nominee must be a paid SkillsUSA professional member. A nominee may only be nominated once in a three-year time cycle.



Nomination Form
Vermont Advisor of the Year
Due March 1st

Name of Nominee: _____

Home Address: _____

City, State, Zip Code _____

Home Telephone: () _____ - _____ E-mail Address: _____

Current Job Title: _____ CTE Program Area: _____

Number of Years as a SkillsUSA Advisor: _____

Are you a current professional member of SkillsUSA: (Please circle) Yes No

School Name: _____

School Address: _____

City, State, Zip: _____

School Telephone: () _____ - _____ School Website: _____

Director's Signature: _____

Nominator's Name (You): _____

Nominator's Title (Your's): _____

Nominator's Address: _____

City, State, Zip: _____

Home Telephone: () _____ - _____ Office Telephone Number: _____

E-mail Address: _____

