

**GOODHEART-WILLCOX
ADVISOR OF THE YEAR**

(All applications must be postmarked by the Technosphere Registration Deadline)

- A. Cover sheets and additional materials are not accepted.
- B. Three active TSA chapter advisors (from the same state) must collaborate on the nomination of the advisor. The nominating chapter advisor should submit the form, indicating contact information for the two supporting chapter advisors. The two supporting chapter advisors must have knowledge of and approve of the nomination.
- C Only information for the last three years should be provided.
- D. Advisors may not receive this award two years in a row.
- E. Completed applications must be received by April 10th each year.

PLEASE COMPLETE

(To be completed by the nominating TSA chapter advisor)

Nominating Advisor Information

Name: _____

School: _____

Principal's name: _____

Telephone: _____ Email _____

Years as a TSA Chapter Advisor: _____

Nominated Advisor Information

Name of nominee _____

Title _____

School: _____

School Address: _____

City/zip: _____

Telephone _____ Email _____

State education department/organization _____

Years as a Chapter Advisor _____

LEADERSHIP AND COMMITMENT

1. Describe your participation in TSA at the national level (i.e., Competition Regulations Committee, Board of Directors).

2. List other professional affiliations and organizations in which the advisor is involved.

I certify that the claim and information reported on behalf of the state advisor are true and accurate.

1) Nominating chapter advisor

Signature _____

Date _____

2) Supporting chapter advisor _____

School _____

Email address _____

3) Supporting chapter advisor _____

School _____

Email address _____