



2016 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

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

School Currently Attending: \_\_\_\_\_

Program Title: \_\_\_\_\_

Current Class Grade Average over span 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 06, 2016.  
Winner will be announced January 31, 2016.*