



Technology Education Department

SKYLINE MIDDLE SCHOOL

470 Linda Lane, Harrisonburg, VA 22802

Phone: (540)434-6862 Ext:2172 * Facsimile: (540)434-6453

Website: <http://staff.harrisonburg.k12.va.us/~hherlan>

E-Mail: hherlan@harrisonburg.k12.va.us

TSA OFFICER APPLICATION FORM

APPLICANT INFORMATION:

1. FULL NAME: _____
2. WHAT OFFICE ARE YOU SEEKING? _____
3. PRESENT GRADE IN SCHOOL: 6[] 7[] 8[]
4. HOME ADDRESS: _____ HOME PHONE: (____) _____-_____
5. In what Technology Education course are you currently enrolled?
6. In what Technology Education course do you plan to enroll in next year?
7. What school will you attend next year?
8. Do you hold currently, or have you ever held an office in TSA?
If yes, what office?
9. With what other school organizations are you affiliated?
(Include athletic teams).
10. Do you hold a state, regional, or local office in any other organization?
If yes, what?
11. What public speaking experience have you had?
12. If elected, would you be available for all Executive Committee meetings, (once each month)?
13. Does your Technology Education Teacher agree to assist you in your duties of this office?

TO THE CANDIDATE:

Please explain why you would like to be a TSA Officer.
(Attach an additional page if needed.)

ATTACH PHOTO HERE
(if available)

CANDIDATE'S SIGNATURE

____/____/____
DATE



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--- PERSONAL REFERENCES ---

TECHNOLOGY EDUCATION TEACHER'S STATEMENT:

I recommend _____ for a local office in the Virginia Technology Student Association. I agree to assist the student in any way required by his/her office.

_____/_____/_____
TECHNOLOGY TEACHER'S SIGNATURE DATE

TEACHER'S STATEMENT:

I recommend _____ for a local office in the Virginia Technology Student Association. I feel that he/she has shown acceptance of responsibilities given and can handle various duties as those required by his/her office.

_____/_____/_____
TEACHER'S SIGNATURE DATE

PARENT'S/GUARDIAN'S STATEMENT:

We are willing for our son/daughter to be a local officer in the Virginia Technology Student Association should he/she be elected. We realize not only that additional time and effort will be required of our child in this position, but also that travel throughout the Region during the year can be expected. We will cooperate with our child and the local, regional, and State Associations in the fulfilling of his/her responsibilities.

_____/_____/_____
PARENT'S/GUARDIAN'S SIGNATURE DATE

PRINCIPAL'S STATEMENT:

I recommend _____ for a local office in the Virginia Technology Student Association. I believe he/she is capable of maintaining his/her school academic work while fulfilling the responsibilities of this position.

_____/_____/_____
PRINCIPAL'S SIGNATURE DATE

NOTE: This application form will be reviewed for final approval by the Local Screening Committee of Virginia TSA.