



STATE EDUCATION TEAM APPLICATION FORM

Name _____

Title _____

Training Program _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone () _____ School Fax () _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address _____

T-shirt size S M L XL 2XL 3XL 4XL (please circle)

State Education Team Opportunities:

- SkillsUSA State Championships Skilled and Technical Sciences Contests*
- SkillsUSA State Championships Leadership Development Contests*
- SkillsUSA State Championships Occupationally-related Contests*

*Check the *SkillsUSA Championships Technical Standards* and the web site www.skillsusa.org for a complete and current listing.

My Areas of Interest

Please list three areas of interest below. (Example: a construction teacher may select a first choice of working with the Carpentry Contest, but also be interested in the Job Interview competition..)

First Choice: _____

Second Choice: _____

Third Choice: _____

Employment Background

How many years have you an instructor? _____

How many years were you employed in your trade prior to teaching? _____

SkillsUSA Background

How many years have you been involved with SkillsUSA? _____

Are you currently a dues-paid SkillsUSA Professional Member? _____

Tell us about your involvement with SkillsUSA in your school, district or region. Have you been involved in state SkillsUSA competitions? If yes, please explain:

I have read the requirements of a **State Education Team** member, completed the application form and request to be an SET member.

Signature of Applicant _____ Date _____

Required Signatures to Support This Application:

Local Administrator _____ Date _____

State SkillsUSA Director _____ Date _____

This completed and endorsed application form should be sent by January 15th to:

Jessica Donelan Graber, State Director, SkillsUSA Florida
4446 Hendricks Ave PMB 229
Jacksonville, FL 32207
jgrabers@skillsusafl.org