



Kansas SkillsUSA Administrator of the Year Nomination Form

Name of Nominee: _____

School: _____

Middle School: _____ High School: _____ College/Postsecondary: _____

Title: _____

Number of years as Administrator: _____

Describe (briefly) this administrator’s support for SkillsUSA at above the school:

Describe (briefly) this administrator’s support for the instructors/advisors at the above school:

The following documentation must accompany this nomination:

- 1. A letter of support from the Lead School Advisor and/or other instructors.
- 2. A letter of support from a current or former student at the above school.
- 3. A letter of support from a community individual or business/industry advisory council member

The completed form and the signed letters of support must be at the state office by March 1. Submit completed application to:

SkillsUSA Kansas | 322 23,000 Road | Cherryvale, KS 67335 or email to bwarren@ksde.org

The SkillsUSA Foundation Board of Directors will select the SkillsUSA Kansas Administrators of the Year.