

## STATE EDUCATION TEAM APPLICATION

General Information	on
Name	
Training Program _	
College Name	
College Address	
City	State Zip
College Phone (	) Cell Phone ( )
Email Address	
(please circle)	T-shirt size: Polo Size: Polo Style:
State Education T	eam Opportunities
	SA Contest Descriptions and the SkillsUSA Technical Standards to would like to support.
First Choice:	
Second Choice:	
Employment Back	kground
How many years ha	ave you been an educator or administrator?
	d in your trade prior to being employed in the education field? If so, working experience do you have in your trade?

Did you complete a certificate or degree program for your trade? If so, please list school, certificate or degree, and year of completion.
What courses have you taught?
SkillsUSA Background
How long have you been involved with SkillsUSA?
Are you currently a registered SkillsUSA Professional Member?
Describe your involvement with SkillsUSA. Have you been involved in state or local SkillsUSA competitions? Please explain.
I have read the requirements of a State Education Team member and agree to uphold the requirements of the position. I understand the expectations and will support the SkillsUSA Tennessee Championships to the best of my ability.  Applicant Signature
Date
Administration Support Statement
I understand that the educator listed above is applying for the State Education Team, and I have reviewed the requirements of the position. By signing below, I endorse their application to be a part of the State Education Team and will support their efforts to uphold the standards and principles of SkillsUSA.
College Administrator Name (please print)
College Administrator Signature
Date

This completed and endorsed application should be sent by December 15, 2021, to: Shania Willyard, SkillsUSA Tennessee Postsecondary State Director

shania.willyard@tbr.edu