

## 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:	Men	Wom	en					
State Education To	eam Opportu	ınities							
Review the SkillsUS select contests you		-		nd the	<u>SkillsUS</u>	SA Tec	hnical S	Standard	<u>ds</u> to
First Choice:									
Second Choice:									
Third Choice:									
Employment Back	ground								
How many years ha	ave you been	an edu	cator	or adm	ninistrato	or?			
Were you employed how many years of	-	-		-	-			n field?	If so,

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