



## SHARYLAND ISD CAREER & TECHNICAL EDUCATION AWARD JACKET APPLICATION

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Campus: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Recommending CTE Teacher/Sponsor: \_\_\_\_\_

**CRITERIA #1** – Take at least three CTE credits from any of our available CTE courses.

CTE COURSES	CREDIT TOTAL	CTE COUNSELOR SIGNATURE

**CRITERIA #2** – Active Membership

ACTIVE MEMBERSHIP	YES/NO	CTSO SPONSOR SIGNATURE
Was this student an active member in your CTSO as per your constitutional bylaws?		

**CRITERIA #3** – Paid Membership and Competition Level

Check the ONE OPTION Student Met	OPTIONS	LIST SCHOOL YEARS	TEACHER SIGNATURE
	Be a paid CTSO member in good standing for a minimum of <u>three years</u> and participate at the <u>regional/area</u> competition at least once; <b>or</b>		
	Be a paid CTSO member in good standing for a minimum of <u>two years</u> and advance to the <u>state level</u> competition at least once; <b>or</b>		
	Be a paid CTSO member in good standing for a minimum of <u>one year</u> and compete at the <u>national/world/international level</u> competition at least once.		

Have you ever received an award jacket from any other organization or activity? \_\_\_\_\_YES or \_\_\_\_\_No

**STUDENT:** Your signature below indicates that the information on this application is a reflection of your best effort and is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDING TEACHER or CTSO SPONSOR:** By signing this application, you are certifying this student meets the qualification criteria. Please review application criteria and student application carefully before signing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CTE COUNSELOR:** By signing this application, you are certifying this student meets the qualification criteria. Please review application criteria and student application carefully before signing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_