

# CTSO OUTSTANDING STUDENT OF THE YEAR APPLICATION

**DATE DUE:** Thursday, March 24, 2011

**Organization (circle one):** BPA DECA FCCLA HOSA SKILLS USA

**Email to your state advisor or submit to the onsite conference headquarters:**

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**Nominee's Name:**

**Parent or Guardian:**

**Home Address:**

**City:**

**State:**

**Zip:**

**High School:**

**Address:**

**City:**

**State:**

**Zip:**

**Advisor's Name:**

**Years in CTSO:**

**Positions held:**

**Contributions to the chapter:**

**Contributions to the school:**

**Contributions to the community:**

**Contributions to the family:**

**Other contributions to your organization:**

**Recommended by:**

**Chapter advisor:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**State Advisor:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_