

# TSA STUDENT OF THE YEAR APPLICATION

- A. Cover sheets and additional materials will not be accepted.
- B. This form must be completed in full by the applicant.
- C. This form must be typewritten or completed on a computer. **Handwritten forms will not be accepted.**
- D. The wording, spacing (single), and font (Arial 12 pt.) must be the same as shown on this form.
- E. A student may only receive this award one time during their level 1 TSA membership and one time during their level 2 membership.
- F. Demographic information, responses, *and* signature block are limited to four (4) total pages.
- G. Chapters are limited to one nomination per year.

Name of Applicant \_\_\_\_\_

Chapter Name \_\_\_\_\_

Advisor's Name \_\_\_\_\_

Principal's Name \_\_\_\_\_

School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

- 1. Discuss your involvement and leadership roles in TSA at the local and community level.  
[Click here to enter text.](#)
- 2. Discuss your involvement and leadership roles in TSA on the state level.  
[Click here to enter text.](#)
- 3. Discuss your involvement and leadership roles in TSA on the national level.  
[Click here to enter text.](#)
- 4. Discuss the awards and recognitions you have received through TSA and other activities.  
[Click here to enter text.](#)
- 5. Discuss additional items, which you feel are pertinent to this application.  
[Click here to enter text.](#)
- 6. Discuss the benefits and personal growth you have received through TSA and explain how you have applied them to your plans for the future.  
[Click here to enter text.](#)
- 7. Discuss your career objectives and the means by which you plan to obtain them.  
[Click here to enter text.](#)

We hereby certify that the claims and information reported on behalf of the applicant are true and accurate.

\_\_\_\_\_  
Student of the Year Applicant

\_\_\_\_\_  
Applicant's Chapter Advisor

\_\_\_\_\_  
Applicant's School Principal