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| Arkansas TSA State Officer Application:Please fill out completely and return to Jami Eubanks, TSA State Advisor3 Capitol Mall, Little Rock, AR 72201Or FAX: 501-682-8306 Attn: Jami Eubanks | **ARKANSAS** |

Contact Information

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| --- | --- |
| Officer Candidate Name |  |
| School |  |
| School Address |  |
| School Phone |  |
| Alternate Phone |  |
| E-Mail Address |  |
| Sponsor Name |  |

STEM CLASS CURRENTLY ENROLLED OR COMPLETED

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| **Year** | **STEM Classes Completed/Currently Enrolled** |
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GPA: Remember you must have a 3.0 or higher to qualify.

What is your current GPA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor or School Official must sign below to verify current GPA.

**Signature of School Official Date**

Special Skills or Qualifications

### Summarize special skills and qualifications you have. You may attach a separate sheet if necessary.

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Previous Volunteer Experience

### Summarize in 250 words or less your previous leadership experience and why you are best for the job. You may attach a separate sheet if necessary.

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Officer Candidate, Chapter Advisor, and School

Administration Agreement and Signature

**Candidate Statement:**

If elected to serve as a TSA officer, I will dedicate my year to serving the organization, will serve my entire term of office, will promote the goals and objectives of TSA, will project a desirable image of TSA at all times and will abide by the policies of my state organization.

I understand the time, travel, and attire commitment which must be made by a state TSA officer. I assure the TSA State Advisor that I will fulfill all duties of my office and attend all required events unless otherwise excused. I will assure that if I am unable to attend any meeting or events due to unforeseen circumstances, I will provide immediate notice to the TSA State Advisor. Upon signing this form, I formally acknowledge my full commitment in fulfilling all requirements of my office should I be elected as an officer.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am elected any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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**Officer Candidate Signature** **Date**

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**Parent/Guardian Signature Date**

**Advisor Statement:**

I understand the time, travel, and attire commitment which much be made by a state TSA officer. I assure the TSA State Advisor that the officer will fulfill all duties of their office and attend all required events unless otherwise excused. I will assure that if the officer is unable to attend any meeting or events due to unforeseen circumstances, the state officer will provide immediate notice to the TSA State Advisor. Upon signing this form, I formally acknowledge my full commitment of the candidate and pledge my support to assist the candidate in fulfilling all requirements of their office should they be elected as an officer.

It is my belief that this candidate will fulfill the responsibilities of a TSA officer and I highly recommend this applicant.

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**Advisor Signature Date**

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**Administrator Signature Date**

Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, sexual identity, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with the Arkansas Technology Student Association.