
State Conference Student Advisory Council

Since SkillsUSA is a student run organization, SkillsUSA Massachusetts wishes members to be more involved in SkillsUSA activities. By establishing the State Student Advisory Committee, members will be able to work in a diverse environment where:

Members are encouraged to be involved in the planning of the State Leadership and Skills Conference, and are able to voice concerns. Members will be asked to work with the State Executive Council.

The goal of the State Student Advisory Committee shall be to better the State Leadership and Skills Conference.

Members who apply to be on the Committee should have a grade point average of a C or better in each class academic or trade. Committee members are expected to attend two meetings prior to the State Leadership and Skills Conference. Members should be able to attend both meetings and should be present for all the discussions. All Committee members are expected to participate to the best of their ability.

State Conference Advisory Council Application

Form SAC1
Please Print Neatly or Type

Student Information

Full Name _____
Last First Middle Initial
Street Address _____
City, State & Zip _____
Phone Number (____) _____

School Information

School Name _____
School Address _____
City, State & Zip _____
Phone Number (____) _____
Grade (circle one) 9 10 11 12
Area of Study _____
SkillsUSA Member Since (month/day/year) ____/____/_____
How many state conferences have you attended? _____

Extracurricular Activities

Please provide a brief description of your Extracurricular Activities.

(Continued on next page)

Short Essay

Please write a brief paragraph on why you should be on the State Conference Student Advisory Council.

Agreement

I hereby understand that if I should be selected for the State Conference Student Advisory Council that:

- I must attend both of the council meetings (please see State Calendar for time, date, and location information) and should be present for all of the discussions;
- All Committee members are expected to participate to the best of their ability; and
- Should have a grade point average of a C or better in each class academic and trade to fulfill the requirements as a committee member.

_____ Your Name	_____ Your Signature	_____ Date
_____ Parent/Guardian's Name	_____ Parent/Guardian's Signature	_____ Date
_____ Chapter Advisor's Name	_____ Chapter Advisor's Signature	_____ Date
_____ Shop Department Head's Name	_____ Shop Department Head's Signature	_____ Date

Note: You and/or your SkillsUSA Chapter are responsible for transportation to and from the meeting site. If your advisor is driving, he/she will not be participating in the meeting.

Please mail this application, postmarked by February 1st, to the following address to be accepted for consideration.

State Conference Advisory Committee Application
c/o SkillsUSA Massachusetts
250 Foundry Street
South Easton, MA 02375