Date



2016 INSTRUCTOR of the YEAR AWARD **APPLICATION**

http://www.adda.org

Instructions: Print or type information. Be sureturned.	re all informati	on is legible. Incomp	lete forms will be
Name :			
Home Mailing Address:			
City:	St	ate: Z	/ip:
Primary Phone:	Mobile Phone		
Email:	_ School or Class	Website:	
Are you a Member of ADDA? Yes \square No \square			
□ Professional □ Educational □ Assoc	ciate 🗆 Student	□ Other Type	
Are you an ADDA Certified Instructor? Yes ☐ What level(s) is your Instructor Certification? ☐ Certified Instructor ☐ Profess What discipline(s) is your Instructor Certificatio ☐ General ☐ Architectural Is your school's Curriculum ADDA Certified? Yes ☐	sional Instructor on? □ Mechanica	al □ Digital /	Graphic
Are you a prior Industry Professional? Yes \Box	No □		
What was your primary discipline area?	List Com	npanies you have worked	for?
Does your school have an ADDA Student Chapter?	Yes □ No □	If so. When Chartered	?
Do you hold an ADDA Professional Certification? Yes			
Do your students participate in any ADDA Student Pro			
		resign of Foster Contest,	i les 🗆 No 🗀
Does your Program have an Advisory Committee?	Yes □ No □		
If so, List Members and Phone Contact Inform	nation:		



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Are you involved in any Professional Associations? Yes $\square \ \operatorname{No} \ \square$	If so, List?
How long have you been an Instructor? Where do you current	ly teach?
List your last three (3) positions held?	
What is your Professional or Educational Background; such as Training	, Industry Experience, Continuing
Education, Diplomas or Degrees?	
List your involvement in Community Activities:	
Attach a short statement or letter from two (2) of the following persons, Education Director, Board of Education Member or Director, Community recognition. All must be signed and dated by the recommender.	
Instructor Signature	Date

Information must be completed, signed and returned to ADDA by January 06, 2016. Winner will be announced January 31, 2016.