

**OUTSTANDING SkillsUSA Nebraska ADVISOR
APPLICATION FORM**

Name of Advisor: _____

Chapter: _____

Number of Members: _____

Achievements: _____

Years involved in SkillsUSA Nebraska _____

Why do you feel that this advisor deserves the outstanding advisor award? (This could include extra time spent, special activities, and dedication).

SUBMITTED BY: _____

Return by February 16, 2009 to:

Karen Calvin

Nebraska Department of Education

301 Centennial Mall South, 6th Floor

Lincoln, NE 68509-4987 **Return by February 16, 2009 by e-mail**

(download and attach a file to your e-mail) to: karen.calvin@nebraska.gov

or FAX to Karen Calvin at 402-471-0117