

# 6.1

## MEMBERSHIP VERIFICATION FORM

Illinois Association of SkillsUSA

**INSTRUCTIONS:**

1. Please **TYPE** or **Print** very legibly all information requested!
2. A completed **6.1** form must be submitted to Illinois SkillsUSA for every membership roster submitted to National SkillsUSA.
3. Additional 6.1 forms must be submitted for each professional member on the roster other than the advisor completing this form.  
Complete only the information requested from the top down to the arrows for those professional members.
4. This **6.1** form must be signed by the advisor and either the superintendent, the building principal, or the area center director.
5. Send the completed form to the Illinois Association of SkillsUSA State Director.

SCHOOL INFORMATION		ADVISOR (HOME) INFORMATION	
<u>SCHOOL</u>		<u>NAME</u>	
<u>ADDRESS</u>		<u>ADDRESS</u>	
<u>CITY</u>		<u>CITY</u>	
<u>ZIP CODE</u>		<u>ZIP CODE</u>	
<u>PHONE #</u>	(      )	<u>STATE</u>	
<u>Advisor's Email Addr.</u>		<u>Email Address</u>	
<u>FAX #</u>	(      )	<u>PHONE #</u>	(      )

This is my \_\_\_\_\_ year as a local advisor. The Red Blazer award was presented to me on \_\_\_\_\_.

This form is for **first semester** / **second semester** (circle). My training program is \_\_\_\_\_.

My students are **High School** / **College - Postsecondary** (circle one).

100% of the students in my program are SkillsUSA members      Yes       No

**DO NOT OMIT THE FOLLOWING NUMERICAL INFORMATION !**

**THE REMAINDER OF THIS FORM DETERMINES FUNDING FROM THE STATE OF ILLINOIS.**

RACIAL / NATIONAL ORIGIN and TOTAL COUNTS			
African-American		Hispanic	
Asian		Native American	
Caucasian		Other	
<b>Male Students</b>		<b>Female Students</b>	<b>Total Students</b>

**For the following SPECIAL POPULATIONS INFORMATION:** Indicate the number of students you have in each category. Students may be counted more than once if they fit into more than one category.

Econ. Disadv.	Educ. Disadv.	Physical Disadv.	Learning Disadv.	Limited English	Prog. to elimin. sex bias	Other

**Of the student members on your National Roster, indicate the number of members that are in each of the occupational training categories listed below:**

	Technical and Industrial Occupations
	Agricultural Occupations
	Business, Marketing, and Management Occupations
	Family and Consumer Sciences Occupations
	Health Occupations
	Special Programs

**We certify that students supporting this chapter are enrolled in a bona-fide career and technical education class meeting the requirements of the State Plan for Career and Technical Education.**

\_\_\_\_\_  
 Advisor Signature                      Date                      Administrator Signature                      Date