

8.5.5

***SkillsUSA COURTESY CORPS PROGRAM APPLICATION**
Must be typed

Candidate's Name: _____
Last First

Home Address: _____
Street City State Zip

School Name: _____ Phone: () _____ - _____ Ext.: _____

School Address: _____
Street City State Zip

Advisor's Name: _____ Home Phone: () _____ - _____

Best time to call: _____

Candidate's Age: _____ Date of Birth: _____
month/day/year

Other contests Candidate plans to enter at State Conference:

We (candidate and advisor) have carefully read all rules and regulations concerning the SkillsUSA Courtesy Corps program and will follow all specifications outlined in the Illinois SkillsUSA Advisor's Handbook.

Candidate's Signature Date Advisor's Signature Date

We (advisor and principal) recommend the above named candidate for the SkillsUSA Courtesy Corps Program.

Advisor's Signature Date Principal's Signature Date

***This application plus a one-page typed personal-resume must be mailed to the conference Registration Consultant.**