



2017 Application Form - Student of the Year Award

Applicant's First and Last Name _____

BPA 10 Digit Member ID _____

Chapter _____

Address _____

City _____ State _____ Zip _____

Telephone (Please include the area code first): Home _____ School _____

Email _____

Requirements:

1. Time as a member (in years) _____ Date joined _____
2. Officer position(s) held _____ Date elected _____
3. Number of SLCs attended _____ Year of conference _____ State _____
 Number of NLCs attended _____ Year of conference _____ Location _____
4. Competitive Events (list events) _____
5. Ambassador Torch Award (year earned) _____ Location _____
6. BPA Cares Awards earned _____ Year of conference _____ Location _____

Addition criteria: (minimum of five (5) required)

1. Number of SLCs attended _____ Year of conference _____ State _____
 Number of NLCs attended _____ Year of conference _____ Location _____
2. National Merit Scholar Award (year earned) _____ NLC Location _____
3. Intern Program (year of participation) _____ NLC Location _____
4. Leadership Academy (year of participation) _____ NLC Location _____
5. Contributions to Special Olympics _____
6. President's Volunteer Service Award (year earned) _____ NLC Location _____
7. Student Member Certification Series (year earned) _____
8. BPA Cares Member Recruiter Award (year earned) _____ NLC Location _____
1. Life Skills Achievement Program (date earned) _____

Applicant's Signature _____

Included in pre-submission

1. Application Form
2. Narrative review of applicant's supportive contributions to BPA on the local, regional, state or national level
3. Two letters of support for the applicant
4. One letter must be from a local advisor
5. One letter must be from the state advisor
6. Resume for the applicant