

Future Technology Education Teacher Award Application
(This application must be typed and signed)
Application Deadline is June 1st

Date of application _____

1. Personal Information

Name _____

Last First MI

Address _____

Street City State Zip County

Date of birth _____ Telephone # _____

E-mail address _____ FAX# _____

2. High School(s) Attended (Grades 9-12)

Name of School City State Zip

Attended: From To H.S. School Phone #

Name of School City State Zip

Attended: From To H.S. School Phone #

Date of Graduation _____ Grade Point

Average _____

3. List the college(s) to which you have been accepted

Name of College City State Zip College Phone #

Name of College City State Zip College Phone #

Name of College City State Zip College Phone #

**Attach a copy of your acceptance letter(s) to this application.

(Continued)

NEW YORK STATE TECHNOLOGY EDUCATION ASSOCIATION

CHARTERED BY THE BOARD OF REGENTS OF THE STATE OF NEW YORK
NEW YORK STATE TECHNOLOGY EDUCATION ASSOCIATION HOME PAGE
WEB SITE - NYSTEEA.org

4. Activity Profile

(Honors and awards, as well as participation in school clubs, extra curricular, civic, and/or leadership activities.)

5. Employment and/or Self Employment Activities

Name of Employer City State Zip Employer Phone #

Job Title Employment Dates: From To

Name of Employer City State Zip Employer Phone #

Job Title Employment Dates: From To

6. Why do you want to become a Technology Education Teacher? (1 or 2 paragraphs)

*****Please type on a separate sheet of paper and attach to this application*****

7. Please attach two (2) recommendation letters from teachers and/or administrators.

Each letter must have the name, title, address and phone number of the person making the recommendation.

Signature_____Date_____

Send the completed application to:

Mr. Ralph Lapidus
NYSTEEA Recruitment Committee
7 Melrose Lane
West Nyack, New York 10994
Phone: 845-358-9416
E-mail: MrRlap@optonline.net