



Academic Achievement Award

Applicant Information

Student Name _____

Address _____

Street Address, City, State, Zip

Educational Information:

High School or College Name _____

GPA for previous semester or term _____ (3.5 or higher required)

Counselor's Name (printed) _____

Counselor's Signature to verify GPA _____

Applicant's Statement:

Length of time in SkillsUSA _____

Registered for State Conference? Yes _____ No _____

SkillsUSA Offices or Committees served on _____

- I hereby certify this application to be true and correct to the best of my knowledge. I authorize the school to release information concerning my GPA for the previous semester or term.

Student's Signature _____ Date _____

SkillsUSA Advisor's Recommendation:

- In signing this application, I am verifying my recommendation that this SkillsUSA student receive the Academic Achievement Award.

SkillsUSA Advisor's Name _____ School _____

Signature of SkillsUSA Advisor _____ Date _____

ACADEMIC ACHIEVEMENT - AWARD CRITERIA

- Student must have a GPA of 3.5 or higher for the previous semester/ term or a cumulative GPA of 3.5 or higher
- Student must be an active SkillsUSA member and registered for the State Conference
- Students will be recognized at the Iowa Skills State Conference

Deadline: April 15th

Scan and email to Arijan Alagic, State Director: SkillsUSALowaDirector@gmail.com