



Director's Award of Excellence Application

Department of Career and Technical Education

Type of Program: Continued Education Postsecondary Secondary

Program Area:

- | | |
|---|--------------------------------------|
| Agriculture Education | Information Technology |
| Business & Office Technology | Marketing Education |
| Career Development | Special Needs |
| Educational Equity/Nontraditional Careers | Technology Education |
| Family & Consumer Sciences | Trade, Industry (Technical Education |

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Name of Instructor(s):

Name of School/Institution:

Program's Existence: Years **Number of students program serves:** Males Females

Contact Person(s):

Phone Number:

1. Describe why the program is outstanding and why it should be considered for this award:

2. Overview of school/institution:

3. Program's objectives and purpose:

4. Examples of program's commitment to nontraditional students:

5. Describe "hands-on" experiences available from program. List any unique instructional equipment/facilities/materials used.

6. If a Career and Technical Student Organization is available in the service area, how is it an integral part of your program:

7. How is the local Advisory Committee involved with the program:

8. Describe the program's Occupational Experience opportunities:

9. Examples of feedback from students, parents and employers regarding the program:

Photos

(Photo Release Form required for all persons pictured)

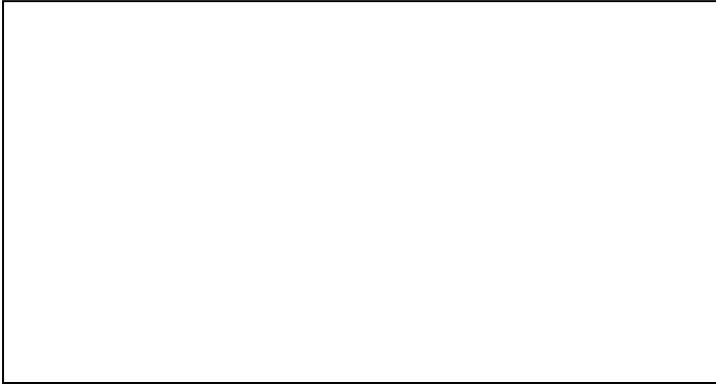


Photo Description

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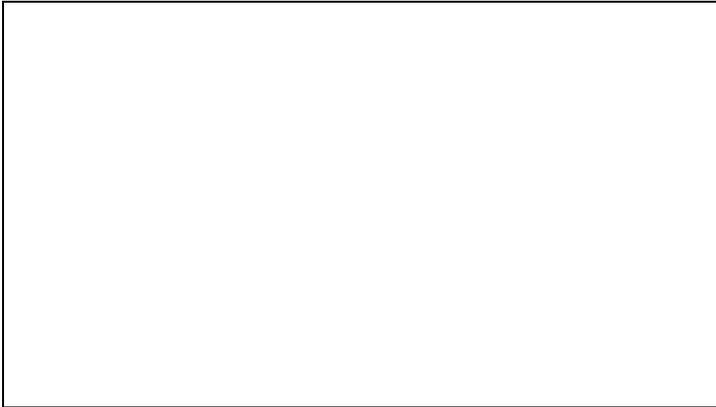


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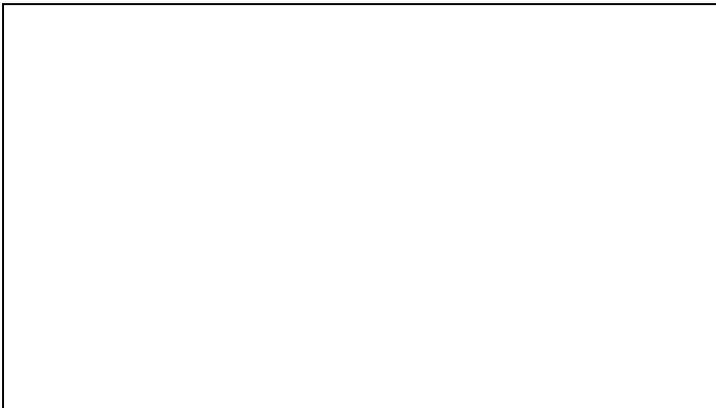


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PHOTO RELEASE

I, _____, grant North Dakota Department of
(Print Name)

Career and Technical Education permission to publish my photo in relationship to the Director's Award of Excellence. I release the North Dakota Department of Career and Technical Education, the State of North Dakota, its agencies, officers, and employees from liability for any violation of any personal or proprietary right I may have regarding this use. I am 18 years of age or older.

Signature

Date Signed

Return with Director's Award of Excellence application.

PHOTO RELEASE
(For individuals under 18)

I, _____, grant North Dakota Department of
(Print Name)

Career and Technical Education permission to publish my

() son's () daughter's

photo in relationship to the Director's Award of Excellence. I release the North Dakota Department of Career and Technical Education, the State of North Dakota, its agencies, officers, and employees from liability for any violation of any personal or proprietary right I may have regarding this use.

Print Name of Son/Daughter

Guardian Signature

Date Signed

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