

APPLICATION CHECK LIST

NASSP National Committee On Student Contests and Activities

APPLICATION FOR PLACEMENT ON THE 2010-2011 NATIONAL ADVISORY LIST

Sponsor Name: _____

Program Name: _____

**APPLICATIONS THAT ARE INCOMPLETE OR MISSING
REQUESTED INFORMATION FROM THIS CHECKLIST WILL
NOT BE REVIEWED BY THE COMMITTEE.**

Please include with your completed application(s):

THIS COMPLETED APPLICATION CHECK LIST

\$135 FOR EACH PROGRAM APPLICATION (checks or credit card only)
(Non-refundable Application Processing and Evaluation Fee)

Promotional Materials: Copies that will be sent to schools describing your program or a copy of the homepage if the program is promoted exclusively on the Internet. (Previous year's materials may be provided if 2010-2011 materials are not yet available.)

Event-specific financial statement: showing how school or chapter fee and/or costs or student fee and/or costs are allocated.
(Required only if there are school/student fees or costs for participation)

If participation (including travel) requires school time: Attach a statement justifying time out of class.

Web Directory Information: 20-word (max.) program description, program URL, email, phone and fax numbers

Application Postmark Deadline February 1, 2010

**NASSP National Committee on Student Contests and Activities:
National Advisory List Web Directory Information for Approved Programs**

Please provide the following requested directory information that will appear in your program listing on the National Advisory List website.

***Sponsors submitting more than one program application must provide this information for each program. Please make copies of this form as necessary to accomplish this.*

(INFORMATION MUST BE TYPED)

Program Sponsor: _____

Program Name: _____

Program Contact information:

Program Address: _____

City, State, Zip: _____

Telephone: _____

Program Email Address: _____

Program Web Address: http:// _____

Grade Level(s): (example: 7-12) _____

Registration Deadline: _____

Program Dates: Start: _____ **End:** _____

*(**Remember that programs dates are for **September 2010 – August 2011**)*

Program Description:

*Please **type** a program description of not more than 25 words to appear on the website for your listing or check here if this is a renewing program and you would like to continue using the 2009-2010 description currently on your program listing.*

Return this form with the Program Application

Application Postmark Deadline February 1, 2010

NASSP National Committee on Student Contests and Activities

**APPLICATION FOR PLACEMENT ON
THE 2008-2009 NATIONAL ADVISORY LIST OF STUDENT CONTESTS AND ACTIVITIES**

Please Type all responses:

(Revised April 2009)

Program Name: _____

Check one: **RENEWING PROGRAM** (listed 2009-2010) **NEW PROGRAM** application (or not listed in last 5 years)

If this is a **renewal** application, have any significant changes been made to the program since last year? **No** **Yes**
If **yes**, please provide a brief description of the changes on a separate sheet and attach to this application.

Is this program: **NATIONAL** or **REGIONAL** (open only to students in a limited number of states)

Event Information (for School Year beginning September 2010)

Will participation (including travel) require school time? **No** **Yes** – Number of days missed? _____

Is there a cost for students to participate? **No** **Yes** – Amount: \$ _____

Is there a school, chapter or other fee in addition to student fee? **No** **Yes** – Amount: \$ _____

Are there costs to students other than program registration (i.e., college credit, transportation, etc.)? **No** **Yes**

If yes, please identify them: _____ Amount: \$ _____

Is college credit available for students attending this program? **No** **Yes**

Are there awards given? **No** **Yes** – Numbers and amounts: _____

Is financial support through scholarships or other funding available? **No** **Yes** – Explain below

Does your organization rent, sell, or share your student list(s)? **No** **Yes** – Attach copy of opt out policy/procedures

Location and site (hotel, college, etc.) of program: _____

If chaperones are not provided by the school, identify who is responsible for student supervision.

Does the staff selection process include background checks? **No** **Yes** (If No, explain below)

Does staff receive training prior to the program? **No** **Yes**

If there is staff training, does the training include health/safety procedures? **No** **Yes**

If No was answered for the training or health/safety questions above, please explain.

NASSP National Committee on Student Contests and Activities Application (continued)

Overview of the Program: (Use only the space provided to explain what the program is and highlight any features)

Purpose and Goals of the Program: (Use the space provided to explain the purpose and goals of the program.)

Please identify how is this program is marketed to students and parents?

Remember to include (with this application) samples of printed and web program marketing material sent to students and schools.

Please list any affiliated, cooperating, underwriting and/or assisting organizations, to include colleges, businesses or professional organizations, which materially or financially support the applicant program.

ORGANIZATION NAME

MANNER OF AFFILIATION

Number of student participants last year: _____

Number of teams (if applicable): _____

List (or attach a list) of the names and addresses of three schools that participated in the activity last year:

SCHOOL NAME

SCHOOL ADDRESS

If any conditions for participation in the program are added or changed between date of this application and time of program, please send complete details to the NASSP Committee Liaison.

NASSP National Committee on Student Contests and Activities Application (continued)

My signature certifies that the program described herein meets all the criteria listed in the enclosed guidelines; and, to the extent required for the contest or activity described, this organization provides the necessary security, financial resources, and insurance coverage to protect all participants. In addition, we will indemnify and hold NASSP, its employees, officers, directors, and agents harmless against any and all claims, losses, costs, expenses, liabilities, and damages arising directly or indirectly from NASSP, including or not including our program as a contest or activity approved for listing on NASSP's National Advisory List of Student Contests and Activities. *(Unsigned applications will not be reviewed.)*

Signature: _____ Date: _____
Name: _____ Official _____ Position: _____
Telephone: _____ FAX: _____
E-Mail Address: _____ Website URL: _____

The committee WILL NOT review incomplete applications, including those missing requested documentation.

Make checks payable to: NASSP (Please indicate "Student Contests and Activities" on Memo line)

Return Application and Materials To:

**National Committee on Student Contests and Activities
Attn: Jeff Sherrill
National Association of Secondary School Principals
1904 Association Drive, Reston, VA 20191**

Application Postmark Deadline February 1, 2010

For Committee Use Only:

Approved: **YES** **NO**

Comments: If listing is denied, reason(s) must be cited.

Sample: Event Specific Financial Report

***Only those programs charging students (fee-based activity) are required to provide a program-specific financial report**

This is a sample of a basic event financial report. Programs may use this or one of similar design for submission with the Student Contest and Activities Application. Labels are examples only and may or may not be applicable for a particular program.

Program Name: _____

Number of Participants:	
Registration or Cost per Person	
Other Revenue	
TOTAL REVENUE:	
Expenses covered by Student Fees:	
Meals/Lodging	
Program Development & Materials	
Program Activities/Venues	
Program Staff & Administration	
Travel/Transportation	
Marketing/Customer Outreach	
Miscellaneous Expenses	
TOTAL EXPENSES:	

NASSP National Committee on Student Contests and Activities Credit Card Payment Form

Program sponsors paying the program application fee by credit card must complete this form.

Please Type

Date: _____

Program Name(s): _____

Sponsoring Organization: _____

Amount to be Charged: \$_____ (\$135.00 per Individual Program)

Card Type (check one): Visa Master Card American Express

Card Number: _____ **Expiration Date:** _____

Card Billing Address: _____
City, State, Zip: _____

Cardholder Name: _____ (As it appears on the card)

Cardholder Signature: _____