

APPLICATION CHECK LIST

NASSP National Committee On Student Contests and Activities

APPLICATION FOR PLACEMENT ON THE 2012-2013 NASSP 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

\$145 FOR EACH PROGRAM APPLICATION (checks or credit card only)
(This is a Non-refundable Application Processing and Evaluation Fee)

Promotional Materials: Copies that will be sent to schools describing the program. (Not required if the program is promoted exclusively on the web.) Previous year's materials may be provided if 2012-2013 materials are not yet available. Mail separately or email to sherrillj@nassp.org.

If participation (including travel) requires school time: Complete [page 6](#) of the application - Statement justifying time out of class.

Web Directory Information: 40-word (max.) program description, program contact information

Application Submission Deadline: February 1, 2012



**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.

(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: _____

(**Do not submit programs with start dates before *SEPTEMBER 1, 2012*)

Program Description:

Please enter a program description of not more than 40 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 current description for your 2012-2013 program listing.

Application Submission Deadline: February 1, 2012

NASSP National Committee on Student Contests and Activities

APPLICATION FOR PLACEMENT ON
THE 2012-2013 NATIONAL ADVISORY LIST OF STUDENT CONTESTS AND ACTIVITIES

PLEASE TYPE ALL RESPONSES ON THIS APPLICATION:

(Revised May 2011)

For any NO/YES answer that has an (*), additional information is required.

Program Name: _____

Check one: **RENEWING PROGRAM** (listed 2011-2012) **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**, briefly describe the significant changes:

Is this program: **NATIONAL** or **REGIONAL** (open to students in 20 states or fewer)

PROGRAM & CONTEST INFORMATION IS FOR SCHOOL YEAR BEGINNING SEPTEMBER 2012

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 need-based support (scholarships, discounts, or other funding) available to participants? **NO** **YES*** – Explain below

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 list additional costs items: _____ Amount: \$ _____

Is college credit available for students attending this program? **NO** **YES**

Are there awards given? **NO** **YES*** – Identify numbers of awards and amounts: _____

Does your organization rent, sell, or share your student list?
NO **YES*** – Explain the parent opt out procedure and/or provide a link to its location on your web site.

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

Are students supervised by chaperones provided by their schools? **NO*** **YES**

If **NO***, (**school chaperones – teachers or other assigned adults**) do not supervise students in this program:

A. Identify who is responsible for student supervision: _____

B. Are criminal background checks included in the screening process of program staff? **NO*** **YES**

If **NO***, explain why background checks are not performed.

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 either of 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 this program and highlight any features)

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

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

Printed marketing samples may be mailed to NASSP or sent electronically in an email to sherrilli@nassp.org.

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 the names and addresses of three schools that participated in the program/contest during the previous 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 Jeff Sherrill, NASSP Committee Liaison.

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

I certify 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 the NASSP National Advisory List of Student Contests and Activities.

Name of Person Completing the Application: _____

Official Position: _____ Date: _____

Telephone: _____ E-Mail Address: _____

Incomplete Applications, including those missing requested materials will not be reviewed by the Committee.

To Submit Application or Marketing/Student Recruitment Materials by Mail:
NASSP
Attn: Jeff Sherrill
Student Contests and Activities
1904 Association Drive, Reston, VA 20191

Program Application Fee: Pay by credit card, business or cashiers check.

Please Identify Your Payment Type:

Pay by Check: Please complete [Check Payment Form on Page 4](#) and mail to the address indicated.

Pay by Credit Card: Please complete the [Credit Card Payment Form on Page 5](#).

Application Submission Deadline: February 1, 2012

For Committee Use Only:

Approved:	YES	NO
Comments: If program is not approved, reason(s) must be cited.		

NASSP National Committee on Student Contests and Activities -Check Payment Form-

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

Please Type

Date: _____

Program Name(s): _____

Sponsoring Organization: _____

Address: _____

City, State, Zip: _____

Amount of Check: \$ _____ (\$145.00 per Individual Program)

Mail Check and this page to:

NASSP
PO Box 3250
Reston, VA 20195-1250

***Please indicate "Student Contests & Activities Application" on check.**



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: \$_____ (\$145.00 per Individual Program)

Card Type:

Card Number: _____

Expiration Date: _____

Card Billing Address:

Address: _____

City, State, Zip: _____

By entering my name below and submitting this form, I authorize the National Association of Secondary School Principals to charge this amount or, if I have miscalculated the amount, the correct amount payable to my credit card. NASSP will notify me if I have miscalculated the payable fees after charging my credit card.

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

Today's Date: _____



**NASSP National Committee on Student Contests and Activities
-Statement Justifying Out of School Time-**