# State Officer Candidate – Method One Checklist

## CANDIDATE INFORMATION

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| --- | --- | --- | --- | --- |
| Name: |  |  |  |  |

## BEFORE APPLYING

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| Candidate is an active member of Business Professionals of America  Career Tech program is: *Business, Administrative Services, Management, Finance, Information Technology, Marketing or Entrepreneurship*  Candidate’s cumulative High School GPA is at **LEAST** 2.5  Obtain permission from Regional Advisor/CEAC Rep for candidate to run for office |

## INTENT TO SCREEN

|  |  |  |
| --- | --- | --- |
| Due October 2, 2015  Choose the best appointment time (morning or afternoon)  Email to [Hamet.Ly@education.ohio.gov](mailto:Hamet.Ly@education.ohio.gov) |  |  |

## APPLICATION PROCESS

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| --- | --- | --- |
| Due October 13, 2015 – all documentation needs to be scanned and emailed to [Hamet.Ly@education.ohio.gov](mailto:Hamet.Ly@education.ohio.gov)  Candidate Application – Method 1  *100 word statement included (cannot be edited or changed once submitted)*  Recommendation Form  Photo Release  Official High School Transcript  Local Advisor Letter of Recommendation  Candidate’s Resume |  |  |

## ASSURANCES

|  |  |  |  |
| --- | --- | --- | --- |
| I will register for the Fall Leadership Conference | | | |
| I will attend the Candidate Briefing and Networking Session on November 18, 2015  *This will require an overnight stay the night before FLC – candidate’s room (for candidate and campaign manager only) is paid for by the Ohio Association.* |  |  |  | |

## SCREENING APPOINTMENT

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| Arrive 15 minutes early to appointment time – dressed in professional attire.  Plan travel carefully – there is construction near the hotel; check the OhioBPA.org website for updates.  Upon arrival, check in with the registration desk and have picture taken  Candidate and Advisor to move to assigned seating area.  Candidate’s **group** will have 15 minute *individual* interview AND a 15 minute *group* meeting with the Leadership Development coordinator (advisors welcome to group meeting)  Candidate’s **group** will all be escorted to testing and essay writing room – 1 hour time limit |

## NOTIFICATION OF TOP TWELVE

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| --- | --- | --- | --- |
| Top twelve candidates and advisors will receive a phone or e-mail message within 24 hours of screening. |  |  |  |

All twelve candidates, who are eligible and in good standing, can screen to become one of Ohio’s two National Officer Candidates.

# State Officer Candidate Intent to Screen

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| **Applicant Information** |
| Please consider me a screening candidate for the 2015-2016 State Officer Team.   |  |  |  |  | | --- | --- | --- | --- | | Member Name: |  |  |  | | Member’s GPA: |  |  |  | | Email: |  |  |  | |  |  |  |  | |
| **Advisor Information** |
| |  |  |  |  | | --- | --- | --- | --- | | Advisor Name: |  |  |  | | School: |  | Advisor’s Phone: |  | | Advisor’s Email: |  |  |  | |  |  |  |  | |
| **Region Information** |
| |  |  |  |  | | --- | --- | --- | --- | | Regional Advisor/CEAC Name: |  |  |  | | Region Number: |  |  |  | | Regional Advisor’s Email: |  |  |  | |  |  |  |  | |
| **Preferred Interview Time** |
| Screening will take **one and a half hours** to complete, members are required to **check in fifteen (15) minutes** prior to their scheduled appointment time. All members will begin with an individual interview and a group session with the Leadership Development Coordinator, total time for this portion will be a half hour. The testing and essay will follow the interview/group session and have a **one hour time limit**. |
| |  |  |  | | --- | --- | --- | |  | 8:45 – 10:30 a.m. |  | |  | 11:45 a.m. – 1:30 p.m. |  | |  | Additional Information |  | |  |  |  | |
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| **Additional Information** |
| Local Advisor:   * If the member requires special assistance or accommodations, please attach a description of the requirement. * Key in the required information and send via email to [Hamet.Ly@education.ohio.gov](mailto:Hamet.Ly@education.ohio.gov). * Copy your CEAC Representative in the email. * Handwritten forms will not be accepted.   If there are any questions, contact Amy L. Burris, State Advisor at [Amy.Burris@education.ohio.gov](mailto:Amy.Burris@education.ohio.gov) or 614-466-5574.  **Deadline** for Intent to Screen: **October 2, 2015** |

# State Officer Candidate Application – Method One

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| **Applicant Information** |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | Apartment/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | Cell Phone: | ( ) | Graduation Year: |  | | Email: |  |  |  | |  |  |  |  | |
| **Chapter Information** |
| |  |  |  |  | | --- | --- | --- | --- | | Advisor Name: |  |  |  | | School: |  | Region | : | | Advisor’s Email: |  | Advisor’s Phone: |  | |  |  |  |  | |
| **Leadership** |
| Share the leadership opportunities that you have participated in or are currently participating in for the following areas: |
| |  |  |  | | --- | --- | --- | |  | Local BPA Leadership |  | |  | Regional BPA Leadership |  | |  | Other Leadership Activities |  | |
|  |
| **100 Word Statement** |
| Why do you want to be a state officer (100 words or less)? This statement will appear on <http://www.OhioBPA.org> prior to Fall Leadership Conference and **you will not have an opportunity to edit it.** |

**The information provided on this application form is correct to the best of my knowledge.**

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Signature of Officer Candidate

# Recommendation for State Officer Candidate

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| **Applicant Information** | | |
| |  |  |  |  | | --- | --- | --- | --- | | Candidate’s Name: |  |  |  | | School |  | GPA: |  | |  |  |  |  | | | |
| **Chapter Advisor** | | |
| I certify that this officer candidate nominee is a member in good standing of Business Professionals of America, Ohio Association. The candidate meets or exceeds the requirements for candidacy stated in the 2015-2016 State Officer Candidate Handbook.  If elected as a state officer, I will assist the student in fulfilling his/her obligations as a member of the State Officer Team. I will oversee transportation and other travel arrangements for the officer's official Ohio Association functions. An advisor will accompany the officer to the National Leadership Conference.   |  |  | | --- | --- | | Local Chapter Advisor’s Signature: |  | |  |  |  |  | | | |
| **School Administrator** | | |
| The officer candidate nominee is a student in good standing in the school and community. The cumulative grade point average listed above is accurate. If elected to state office, the student will be released from school to attend all official functions of Business Professionals of America, Ohio Association. This includes allowing the elected officer candidate to attend and providing monetary support for the National Leadership Conference. I recommend this student as a candidate for state office.  School Administrator’s Signature: | | |
| Printed Name: |  |
| Title: |  |
| |  |  | | --- | --- | | E-mail: |  | | Phone Number: |  | |  |  | | | |
|  | | |
| **Parent/Guardian** | | |
| Our son or daughter has our full support to become a Business Professionals of America, Ohio Association State Officer. If elected, we will support him or her in fulfilling assigned duties and assist him or her in abiding by the *State Officer Code of Conduct*. | | |
| Parent/Guardian Signature: |  |
| |  |  | | --- | --- | | E-mail: |  | | Parent/Guardian Signature: |  | | | |
| Email: |  |
|  |  |
| **Member/Candidate** | | |
| If elected to the State Office Team, I will participate in all state officer required training, conferences, and other functions listed in the *State Office Candidate Handbook*. I will abide by the *State Officer Code of Conduct*. | | |
| Member/Candidate Signature: |  |

# State Officer Candidate Photo Release

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| **Candidate Information** | | |
| |  |  |  |  | | --- | --- | --- | --- | | Full Name: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | Apartment/Unit # | |  |  |  |  | |  | City | State | ZIP Code | | Cell Phone: | ( ) |  |  | |  |  |  |  | | | |
| **Release** | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or legal guardian/custodian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Business Professionals of America, Ohio Association and/or its authorized agents to publicize my child’s name, use videotapes, photographs, and publish or cause to be published information relevant to his/her achievements. This information may be used in local, regional, state or national publications of the agency listed above, released to appropriate newspapers and/or news publications, as well as division or department web site.  I authorize release of the above information as it relates to Business Professionals of America, Ohio Association activities.  Parent’s Signature: | | |
| |  |  | | --- | --- | | Printed Name: |  | | Address: |  | | |  |  | | --- | --- | | City, State, Zip: |  | | Phone Number: |  | | Date: |  | |  |  | | | | | | |
|  | | |
| **Student Release (if 18 or older)** | | |
| I give permission to Business Professionals of America, Ohio Association to use my name and photograph for the purpose of publicizing programs administered by Business Professionals of America, Ohio Association on the Ohio Association or National BPA web sites.  Candidate’s Signature: | | |
| Printed Name: |  |
| |  |  | | --- | --- | | Date: |  | |  |  | | | |