



**Birdville Independent School District  
National Technical Honor Society  
Student Leadership Report**

Name of applicant: \_\_\_\_\_ Circle one: BHS HHS RHS SHS

E-mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of Student Leadership Organization: \_\_\_\_\_ Date(s) of Membership: \_\_\_\_\_

**Completed by the candidate:**

In the table below, list your past and present involvement in your CTE student leadership organization. Complete a separate form for each CTE leadership organization to which you currently or previously belonged. Note: Highly active local participation or participation in SLO competition is required for membership.

<b>Level of Involvement:</b>	<b>List all activities in which you were involved at each level:</b>
<p><b>Local Involvement:</b> In the space at the right, list or describe, in detail, the activities in which you were involved. Include offices held and committees which you chaired.</p>	
<p><b>District/Region/Area Involvement:</b> In the space at the right, list or describe activities in which you were involved. Include offices held and competitive events in which you participated.</p>	
<p><b>State Involvement:</b> In the space at the right, list or describe activities in which you were involved. Include offices held and competitive events in which you participated.</p>	
<p><b>National/International Involvement:</b> In the space at the right, list or describe activities in which you were involved. Include offices held and competitive events in which you participated.</p>	

**Completed by the candidate:**

\_\_\_\_\_ I verify that am/was affiliated at the national/international level with the CTSO listed above during the dates indicated. I acknowledge that all the information presented above is accurate.

\_\_\_\_\_  
Signature of Candidate Date

**Completed by the CTE advisor:**

\_\_\_\_\_ I verify that the above member is/was affiliated at the national/international level with the CTSO listed above during the dates indicated. I acknowledge that all the information presented above is accurate.

\_\_\_\_\_  
Signature of Advisor Printed Name of Advisor Date

**Application Deadline: Tuesday, October 10, 2023, 3:00 p.m.**

**Staple to the Application Checklist and turn in application packet to the Counselor's office at your high school or to Mrs. Rubio in the forum at the BCTAL.**