College/Post-secondary State Officer Candidate Endorsees

The credentials for ____________________________, who is the choice of our chapter, are attached. To the best of our knowledge, this individual meets the qualifications for the office of a SkillsUSA state officer and if elected, will receive the enthusiastic support of the school, the chapter, and the advisor in the execution of the duties of the office.

The Department of Education and local school systems operate under guidelines of the Quality Basic Education Act, established in 1986. In order to participate, students must qualify and meet the required criteria according to this law. Travel funds for instructors are not a direct line budget item from the state, but are contained in the FTE formula. More than adequate funds are usually allocated and are earned by the school through FTE accounting procedures. As administrator, I agree to provide travel money for the advisor to carry out the tasks of the office for which the SkillsUSA New Mexico member is a candidate.

During state and national activities, we understand that the state director and leadership team will supervise the state officers. The state director, leadership team and officer’s advisor will coordinate to enable an officer to prepare for contest participation or other requested chapter activities as schedules permit. State officers must commit to participate fully in all the program of work activities.

We recognize the responsibilities of the position for which we have nominated our candidate and will assist him or her in executing responsibilities of said office, in any capacity that we can, should he or she be elected. We understand that necessary support of travel and participation is important for both the candidate and their advisor and we are willing to support their needs. We have fully reviewed and understand the SkillsUSA New Mexico state officer candidate information overview, official application, agreement form and other related documentation.

Chapter Advisor Signature: ___________________ Date: ____________________