



FLORIDA SADD
Tallahassee Community College
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FLORIDA SADD
Advisor of the Year Application Form

Nominee Information

School: _____

Advisor: _____

Principal: _____

School Address: _____

Chapter Contact Information

Name: _____

Title: (President, Vice President) _____

Phone: () _____

E-Mail: _____

Application Material Checklist

- _____ Completed application form.
- _____ Letter of recommendation from the SADD chapter President or Vice President stating:
 - a. your advisor's commitment to SADD and support of your chapter.
 - b. your advisor's communication skills with your chapter and/or others.
 - c. your advisor's involvement with SADD Chapter activities and his/her effectiveness in promoting SADD in the school and community.
 - d. at least one function/project that had meaning to your chapter and/or the school because of your advisor's support.
- _____ Letter of recommendation from a school administrator, faculty member, parent, or community leader.