

Thomas Olivo Leadership Award New York State ACTEA Zone Scholarship \$500

Process and Timeline:

- Student return to BOCES Principal or Designee by date assigned
- BOCES Principal or Designee return to ACTEA Zone Rep by date requested
- ACTEA Zone Reps determine successful awardees and provide name and required information to the ACTEA Board Treasurer as requested

The New York State Association of Career and Technical Education Administrators established the Thomas Olivo Leadership Award for each of the **six ACTEA Zones** in New York State.

This award was named in honor of C. Thomas Olivo, who was the New York State Education Department's Director of Vocational Education in 1966, when VICA (now known as Skills USA) was established. Dr. Olivo had the foresight to see the value of instituting a youth organization for students enrolled in secondary trade, industrial, technical and health occupations. He advocated developing leadership skills through participation in career oriented student organizations, a goal that ACTEA continues to support today.

It is the <u>responsibility of each zone representative</u> to disseminate the application materials to their Zone Members and collect completed applications so each Zone may make award determinations by date requested by ACTEA

Once the **ZONE** representatives have identified two students from the zone, checks for \$500 will be issued from ACTEA in the students' name. Award checks will be sent to the designated Administrator at the student's CTE Center. It is the expectation that if possible, the award will be presented by an ACTEA Representative at an appropriate venue acknowledging the student's achievement in front of his/her peers.

Zone Representatives should set the submission date so they will have time to review the applications, and present names to the ACTEA Treasurer for processing, prior to the Annual Conference.

Completed Applications from each student must include the following:

- 1. Application Form
- 2. Resume
- 3. Two letters of recommendation

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This scholarship is available to seniors who are enrolled in a Career and Technical Education program who have actively participated in a Career & Technical Student Organization and demonstrated leadership abilities.

		TIONS WILL BI	
Name:	rict		
Telephone Number	E-Mail Addr	ess	
Address			
CTE Center / District:			Days Absent
CTE Program	Teache	TeacherGPA	
CTE Administrator/Counselor signa	ture		
When completing this application, p apart from other students. The Lead the " Brief Description " detail what you lead, what contributions did you	dership Position you accomplish	n is the position	you held. When completing
Student Organizations: (Skills US	SA, HOSA, DEC	CA, FFA, FBLA,	FCCLA, TSA)
Dates of Participation: From	to	Activity	
Leadership Position		_Brief Descriptio	n
Dates of Participation: From	to	Activity	
Leadership Position		_Brief Descriptio	n
Leadership Position			
Leadership Position Dates of Participation: From			

Extracurricular (e.g., student governmen	nt, athl	letics, performing arts, yearbook, newspaper)
Dates of Participation: From	_ to _	Activity
Leadership Position		Brief Description
Dates of Participation: From	_ to	Activity
Leadership Position		Brief Description
Community and Volunteer Organizatio Habitat for Humanity, etc.)	ns (e.	g., service organizations, religious activities,
Dates of Participation: From	_ to _	Activity
Leadership Position		Brief Description
Dates of Participation: From	_ to _	Activity
Leadership Position		Brief Description
Boon Education (a.g. CADD Autorius D	ADE)	
Peer Education (e.g., SADD, tutoring, DAD Dates of Participation: From		_Activity
Leadership Position		Brief Description

Please list and describe any awards or hono	rs you have received.
Please describe your paid employment and	internship experiences.
Please describe your post-secondary plans training.	or next year; college or post-secondary
Have you been accepted?	
Names of Two Recommenders: Please give the enclosed recommendation form with you in your leadership capacity (e.g., a club names, phone numbers and email addresses:	adviser, employer or coach). Please provide
1	Email:
2	Email:

DEADLINE FOR SUBMISSION

OLIVO AWARD NOMINATION FORM

To the Applicant: Please complete the top portion and give the form to your nominator.
Student Name:
Please return to your BOCES / CTE Administrator, Jon Koeng, by April 1, 2026.
To the Nominator: Please return to your ACTEA Zone Representative
Please complete the following questions, providing enough information to assess the abilities, character, and commitment of the student. (You may respond on a separate attachment if you prefer.) Please return your recommendation to the above address.
Your Name / Title:
School Year: Date of Application:
How long and in what capacity have you known this student?
What leadership qualities, pertinent to the Olivo Award, has this student demonstrated to you?
Please describe the nature of the student's leadership work in any of the following categories: student career organizations, extracurricular activities, community service, volunteer work, peer education, leadership groups, internships, and paid employment.