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 responsibility of each zone representative 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.

RETURN to your Principal or Designee by: ________________________________

Application requirements: Completed application form, typed resume, and two recommendations. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

Name: ____________________________ School District____________________

Telephone Number_______________ E-Mail Address________________________

Address_________________________________________________________________

CTE Center / District: ____________________________ Days Absent__________

CTE Program____________________________ Teacher__________________ GPA__________

CTE Administrator/Counselor signature_____________________________________

When completing this application, provide information about your accomplishments that set you apart from other students. The **Leadership Position** is the position you held. When completing the “**Brief Description**” detail what you accomplished in this role; what did you learn, how did you lead, what contributions did you make, etc.

**Student Organizations:** (Skills USA, HOSA, DECA, FFA, FBLA, FCCLA, TSA)

Dates of Participation: From ___________ to _________ Activity_________________________

Leadership Position _________________________ Brief Description______________________

____________________________________________________________________________

____________________________________________________________________________

Dates of Participation: From ___________ to _________ Activity_________________________

Leadership Position _________________________ Brief Description______________________

____________________________________________________________________________

____________________________________________________________________________

Dates of Participation: From ___________ to _________ Activity_________________________
Leadership Position _________________________ Brief Description _______________________
____________________________________________________________________________
____________________________________________________________________________

Extracurricular (e.g., student government, athletics, 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 Organizations (e.g., service organizations, religious activities, Habitat for Humanity, etc.)

Dates of Participation: From ___________ to _______ Activity___________________________
Leadership Position _______________________ Brief Description _______________________
____________________________________________________________________________
____________________________________________________________________________

Dates of Participation: From ___________ to _______ Activity___________________________
Leadership Position _______________________ Brief Description _______________________
____________________________________________________________________________
____________________________________________________________________________

Peer Education (e.g., SADD, tutoring, DARE)

Dates of Participation: From ___________ to _______ Activity___________________________
Leadership Position _______________________ Brief Description _______________________
____________________________________________________________________________
____________________________________________________________________________
Please list and describe any awards or honors you have received.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please describe your paid employment and internship experiences.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please describe your post-secondary plans for next year; college or post-secondary training.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Have you been accepted? ________________

**Names of Two Recommenders:**
Please give the enclosed recommendation forms to two individuals who have worked directly with you in your leadership capacity (e.g., a club adviser, employer or coach). Please provide names, phone numbers and email addresses:

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 / District Administrator

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.