

## **Student of the Year Application Information**

Each chapter is allowed one submission. The Student of the Year (SOY) competition is open to SADD students from ND, SD or MN, but the candidate must be committed to attending the NL SADD Conference in Grand Forks, ND March 20-22. Please review the application requirements and feel free to contact Lee Erickson at any point if you have questions. Applications will be scored by selection committee consisting of staff, NLYS Board of Directors members, and other volunteers familiar with the program.

Lee's contact info: [lee@nlsadd.com](mailto:lee@nlsadd.com), office ph: 701-636-5852, cell: 701-430-1419

### **Criteria to apply for Northern Lights SADD Student of the Year**

- \*Nominees must be a junior in high school.
- \*Student must be a positive role model of the SADD No-Use lifestyle and carry out the philosophy of friends caring for friends.
- \*Student must be willing to travel and speak publicly about SADD. There is a significant time commitment and responsibility to being the Student of the Year; throughout the year the SOY is expected to do his/her best to attend meetings and communicate with staff and other youth on a regular basis. We will hold 2-3 NLAB meetings during their term.
- \*Student will address the conference attendees at both the 2016 conference in Grand Forks, ND as well as the 2017 conference. Attendance is mandatory. We will ask the Student of the Year and the candidates running for a term on the NLAB to come to Grand Forks on Saturday March 19 for a leadership workshop. Transportation to the conference is the student's responsibility, but once he or she arrives, meals and hotel costs will be covered until joining his/her home chapter on Sunday.
- \*SOY has option to apply for the National SADD Student Leadership Council. If selected, that term will begin after the NL SOY term is completed.

### **Application requirements:**

- o Nomination form
- o Signed SOY/NLAB Conduct Agreement
- o Photo
- o 2 Letters of Recommendation and candidate evaluation sheet completed by any of the following people (*Immediate family members should not write the letter for the student.*):
  - o SADD advisor
  - o Coach, teacher, or staff member at the school
  - o Community representative (youth pastor, coalition member, boss, etc.)
- o Resume including their activities during high school
- o Short essay about why they are involved and passionate about SADD (2-3 pgs)
- o Interview via phone conversation for top 3 candidates (staff will contact to set up an interview time that works)

**Applications are due March 4, 2016**



**Northern Lights SADD Student of the Year  
Student Nomination Form**

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**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Most Used Email Address** (*School, gmail, hotmail, yahoo, etc*) \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**School / Chapter Name** \_\_\_\_\_

**Parent(s) / Guardian(s) Name** \_\_\_\_\_

**Parent(s) / Guardian(s) Home Address** \_\_\_\_\_

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**Please submit an essay addressing** (*No more than 3 pages*):

- Why are you involved with SADD?
- What does SADD mean to you?
- What ideas do you have for your SADD region and state?
- What qualities would make you a good Student of the Year?
- Describe your ability to commit your time and energy to serving as SOY.

**Send completed application by mail, fax, or email to:**

Lee Erickson  
Northern Lights SADD  
PO Box 743  
Hillsboro, ND 58045  
Fax: 701-636-3929  
Email: [lee@nlsadd.com](mailto:lee@nlsadd.com)

**NL SADD Student of the Year / Northern Lights Advisory Board  
Conduct Agreement  
Northern Lights SADD**

Being the Student of the Year or on the Northern Lights Advisory Board can be a lot of fun and one of the most meaningful times of your life, but it also comes with a responsibility. One of the primary roles of the Student of the Year or Advisory Board member is to serve as a positive role model. The behavior of the SOY and student NLAB members reflects directly upon the integrity of SADD at the local, state and national levels.

The SOY and NLAB members are expected to abide by the no-use policy described in the Membership Contract, maintain the image of a positive role model and avoid involvement in other potentially destructive behaviors. This includes attending social gatherings or other situations where illegal alcohol or drug use is occurring, whether or not the SOY or NLAB member is participating in the illegal behavior. Violation of this policy can result in the student's immediate removal from his or her state SADD position.

By signing below, the student candidate, SADD advisor, and parent/guardian acknowledge this policy and potential consequences for failure to abide by the policy.

\_\_\_\_\_  
Student Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
SADD Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



## Candidate Evaluation Sheet

(Each Reference is to Complete One Evaluation Sheet)

**Candidate's Name:** \_\_\_\_\_

**Chapter** \_\_\_\_\_ **Region** \_\_\_\_\_

Mark the appropriate box with  
an X (see key below)

<b><u>Character</u></b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Personal Traits: honesty, integrity, trustworthiness, effort, attitude					
Exemplifies the SADD Lifestyle					
Serves as a positive role model in the school and community					
<b><u>Leadership</u></b>					
Ability to express self and explain independent ideas clearly					
Punctuality					
Time Management					
Organizational Skills (ability to plan and carry out activities)					
Communication Skills					
Willingness to assume responsibility					
Works well with others					
Accepting of others and their ideas					
Listening skills					
Dedication and Commitment					
<b><u>General</u></b>					
Emotional Maturity					
Reliability					
Involvement (Community and school activities)					

Do you feel that this student is ready to  
assume the responsibilities of being a  
Northern Lights Advisory Board Member?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Key: 5– Superior  
4– Excellent  
3– Good  
2– Fair  
1– Poor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please add any additional comments about this evaluation to the back of this sheet