



## WoodLINKS USA *"Industry Partner of the Year"* Award Form

*Please print clearly. Use complete Industry Partner's name and Company name*

Name of Industry Partner and Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Teacher and School Name: \_\_\_\_\_

1. What leadership qualities has your partner demonstrated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How has the partner helped generate industry support? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How has partner helped education and industry work together? \_\_\_\_\_

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3. How has the partner made sure that the needs of education and industry are being met?

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How has the partner helped customize the WL USA Curriculum Guidelines? \_\_\_\_\_

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How has the partner helped fundraise for the program? \_\_\_\_\_

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4. What type of assisting has the partner given in the certification process? \_\_\_\_\_

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5. Has the partner helped with state education department meetings?

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6. Has the partner given any demonstrations in classroom or shop? \_\_\_\_\_

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7. Has the partner provided career guidance to students? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

8. What equipment or supplies has the partner donated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Other noteworthy activities. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Industry Partner

\_\_\_\_\_  
Date

Please mail or fax completed form to:

WoodLINKS USA  
P. O. Box 445  
Tuscola, IL 61953  
217-253-3239

- To be considered for this award at the WoodLINKS USA/AWFS-IWF Teacher In-Service, this form must be postmarked or faxed on or before June 1 of each school year.

Office Use Only: WL USA	Date Postmarked _____	Date Received _____
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