

# Application for 2008-2009 Kansas SADD Chapter of the Year

To be considered for Kansas SADD Chapter of the Year, the submitting Chapter must meet the following:

- Registered with SADD National.
  - Support the "NO USE" message for underage drinking, illegal drugs, and tobacco products.
- AND
- must have completed a minimum of three of the Criteria listed below.

## CRITERIA

- Describe the SADD Chapter activities completed within the Community that promoted SADD ideals and policies
- Describe the SADD Chapter activities within the School promoting SADD
- List SADD Program Themes used throughout the year
- List SADD Conferences or other youth conferences attended by the SADD Chapter
- Describe SADD Fundraising projects that benefited the SADD Chapter and/or SADD National
- Describe recognitions earned by the SADD Chapter

Please describe how the Chapter meets the Criteria listed above on a separate page. Also please feel free to submit supporting materials (notebooks, photos, newsletters, newspaper clippings etc.) No videotapes will be accepted. All submitted materials will be returned to Chapters at the Leadership Conference. Please submit by **April 3, 2009** to: Maria Torrez Anderson, Kansas SADD State Coordinator, Kansas Family Partnership, 5942 SW 29th St., Topeka, KS 66614. Questions contact Maria at 1.800.206.7231 or email: [mtanderson@kansasfamily.com](mailto:mtanderson@kansasfamily.com)

Nominator's Name: \_\_\_\_\_

Name of SADD Chapter: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ Count: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ email: \_\_\_\_\_