NATIONAL TRIG-STAR CONTEST STATE WINNER NOTIFICATION FORM

SUBMIT NAMES BY JUNE 1 OF CURRENT YEAR INSTRUCTIONS AND COVER SHEET

State Trig-Star Coordinators are requested to use this form to report their State Trig-Star Winner to NSPS Headquarters for competition in the National Trig-Star Contest. State winners are chosen by each state based upon criteria established by the State Trig-Star Coordinator. The NSPS Trig-Star Committee establishes procedures for testing the state Trig-Stars and choosing a National Trig-Star from the state winners. Forms will be accepted starting May 1, with the contest package being mailed to the test administrator within two weeks of receipt.

Please fill in all the information requested on this form. The National Trig-Star Contest competition tests will be mailed to the Administrator of the National Test as listed on this form. This person does not have to be the State Trig-Star Coordinator. The test administrator is responsible for administering the National Trig-Star Contest test in accordance with the instructions provided with the test. The Test Administrator is also required to have a witness verify the results. The student’s local sponsor is a potential candidate for the Test Administrator. Please mail or fax this form to NSPS Headquarters.

ADMINISTRATOR OF THE NATIONAL TEST

ADMINISTRATOR: ____________________________________________

MAILING ADDRESS: _______________________________________

_________________________________________________________________

STATE COORDINATOR: _______________________________________

MAILING ADDRESS: _______________________________________

_________________________________________________________________

CERTIFICATION: I HEREBY CERTIFY THAT THE TRIG-STAR LISTED HEREON IS THE STATE WINNER.

__________________________________________  __________________________
STATE COORDINATOR                          DATE
NATIONAL TRIG-STAR CONTEST
STATE WINNER INFORMATION SHEET

STATE NAME: ________________________________________________

STATE TRIG-STAR WINNER: ________________________________

GRADUATION YEAR: ______ LOCAL SPONSOR: __________________________

_________________________________________________________

PARENTS OR GUARDIANS: ________________________________

MAILING ADDRESS: __________________________________________

____________________________________________________________________

HIGH SCHOOL: ________________________________________________

TRIGONOMETRY TEACHER: ________________________________

MAILING ADDRESS: __________________________________________

____________________________________________________________________

LOCAL NEWSPAPER: __________________________________________

MAILING ADDRESS: __________________________________________

____________________________________________________________________

PLEASE INCLUDE A PICTURE AND BIO IF POSSIBLE. IF NOT AVAILABLE AT THIS TIME PLEASE SEND THE PICTURE AND BIO ALONG WITH THE COMPLETED TEST.