

# Application Form for Photojournalist

Please TYPE or PRINT clearly all information  
Only two Students allowed as Photojournalists

Name of Occupational Center: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_ Fax#: \_\_\_\_\_

Hotel that the student(s) will be staying at: \_\_\_\_\_  
(If known. If not, contact me when you find out)

Name of Student's Lead Advisor \_\_\_\_\_

Lead Advisor's Email Address \_\_\_\_\_

SkillsUSA Advisor responsible for the student(s) in Syracuse

cell # \_\_\_\_\_

Student's Name(s): 1. \_\_\_\_\_  
2. \_\_\_\_\_

*The above-named students are enrolled in a CTE program and have the basic skills necessary to serve as a photojournalist. I will also ensure that the above students will review and understand the follow-up material **before** they arrive; and will strive to maintain the highest professional conduct during this event.*

Signature of Leader Advisor: \_\_\_\_\_

Class Instructor: \_\_\_\_\_

***Return this form to:***

Ellen T. Coughlin, NYLSC Coord.  
335 Furman Mill Rd.  
Sherburne, NY 13460  
607-674-9604 (h)  
607-316-0892 (c)  
Email - [coughlinsgotskills@gmail.com](mailto:coughlinsgotskills@gmail.com)

**Form can be mailed, or  
emailed to arrive by:**

**APRIL 1, 2024**