



**Ken Voigt Young Member Award Application Form**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth:  MM/DD/YYYY

Address: \_\_\_\_\_  
Street City State Zip

Organization/Company: \_\_\_\_\_ Current Title: \_\_\_\_\_

Education: \_\_\_\_\_  
Degree School Name Year

\_\_\_\_\_ Degree School Name Year

\_\_\_\_\_ Degree School Name Year

Professional Licenses/Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years of Professional Experience: \_\_\_\_\_ ITE Wisconsin Section \_\_\_\_\_

ITE Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Noteworthy Professional and/or  
Community Positions Held/Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_