

**Instructions: Tab to get from one field to next,  
and/or from one line to the next.**

**Kansas Family, Career, and Community Leaders of America**  
**Family of the Year Award Nomination Form**

(Revised July 2012)

This application must be mailed to the address below no later than **March 1st**:

Pam Lamb, FCCLA State Adviser Kansas State Department of Education 900 Jackson – Suite 653 Topeka, Kansas 66612-1182
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Please note that the Family of the Year award will be presented to one Kansas family that has fostered the development of FCCLA each year. One family will receive this award each year.

Family Name: \_\_\_\_\_ School: \_\_\_\_\_  
Person(s) Nominating: \_\_\_\_\_ District: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

Please answer all of the following questions. For every question that merits a “yes” answer please complete the corresponding section of the application, justifying the answer of “yes.” Questions that receive a “no” answer require no additional information.

To be considered, the application must contain at least four “yes” answers.

- |   |                    |
|---|--------------------|
| 1. Has the family encouraged FCCLA membership?          | Yes: ____ No: ____ |
| 2. Has the family supported the local FCCLA adviser?    | Yes: ____ No: ____ |
| 3. Has the family contributed to FCCLA activities?      | Yes: ____ No: ____ |
| 4. Has the family promoted the goals/purposes of FCCLA? | Yes: ____ No: ____ |
| 5. Has the family participated in FCCLA Week?           | Yes: ____ No: ____ |
| 6. Has the family become knowledgeable of FCCLA?        | Yes: ____ No: ____ |

**Please note the following:**

- Attach one letter of recommendation as to why the nominee should receive this honor. These letters may be from an adviser, chapter officer, chapter member, district adviser, school administrator, community member, et cetera.
- This application is judged based upon quality, not quantity.
- **DO NOT ALTER THE FORMAT OF THIS APPLICATION, AND PLEASE TYPE EVERYTHING IN AN ARIAL 12-POINT FONT.**

1. Please discuss the family's encouragement of FCCLA membership

2. Please discuss the family's support of their local FCCLA adviser

3. Please discuss the family's contributions of FCCLA activities

4. Please discuss the family's promotion of FCCLA's goals/purposes

5. Please discuss the family's participation in FCCLA Week

6. Please discuss the family's knowledge of FCCLA

## Kansas Family, Career, and Community Leaders of America Family of the Year Award Scorecard

Please note that this scorecard should be mailed in with the completed application, but that it should not be altered or filled out in any way prior to it being mailed out. This scorecard is for evaluation committee use only! In addition, please note that this scorecard will be returned in its completed form to the address included on the first page of the application after the application has been evaluated, regardless of the nominee's status in rank or receipt of the award. Finally, please note that the grading scale used on this application will be one in which a "10" is the highest rank possible for any completed section of the application, a "1" the lowest, and all sections left incomplete will receive a ranking of "N/A."

Name of Candidate: \_\_\_\_\_

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

[illegible]

Comments: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.