Kansas Family, Career, and Community Leaders of America
Statewide Chapter Adviser of the Year Award Nomination Form
(Revised 9/2013)

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

Pam Lamb, FCCLA State Adviser
Kansas State Department of Education
900 Jackson – Suite 653
Topeka, Kansas 66612-1182

Please note that the Statewide Chapter Adviser of the Year award will be presented to one adviser in Kansas FCCLA each year. One individual will receive this award each year.

Nominee's Name: _____ School: _____
Person(s) Nominating: _____ District: _____
School Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Contact Email: _____
How Many Years Has the Nominee Been an FCCLA Adviser: _____

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 eight "yes" answers.

1. Has the nominee encouraged FCCLA membership?   Yes: ___ No: ___
2. Has the nominee encouraged Power of One completion?   Yes: ___ No: ___
3. Has the nominee encouraged STAR Events participation? Yes: ___ No: ___
4. Has the nominee encouraged national programs work?   Yes: ___ No: ___
5. Has the nominee participated in chapter service projects? Yes: ___ No: ___
6. Has the nominee served on SLC, State Board, et cetera? Yes: ___ No: ___
7. Has the nominee encouraged candidacy for FCCLA office? Yes: ___ No: ___
8. Has the nominee promoted State Leadership Conference?   Yes: ___ No: ___
9. Has the nominee promoted National Leadership Conference? Yes: ___ No: ___

Please note the following:
o Attach two letters 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.
o This application is judged based upon quality, not quantity.
o **DO NOT ALTER THE FORMAT OF THIS APPLICATION, AND PLEASE TYPE EVERYTHING IN AN ARIAL 12-POINT FONT.**

1. Please discuss the nominee's work with encouraging FCCLA membership

2. Please discuss the nominee's work with encouraging Power of One completion

3. Please discuss the nominee's work with encouraging STAR Events participation

4. Please discuss the nominee's work with promoting national programs work

5. Please discuss the nominee's work with chapter service projects

6. Please discuss the nominee's work with SLC, State Board, et cetera

7. Please discuss the nominee's work with encouraging FCCLA office candidacy

8. Please discuss the nominee's work with promoting State Leadership Conference

9. Please discuss the nominee's work with promoting National Leadership Conference

Kansas Family, Career, and Community Leaders of America
Statewide Chapter Adviser 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: _____

Criteria	10	9	8	7	6	5	4	3	2	1
Encourage Membership										
Power of One										
STAR Events										
National Programs										
Chapter Service Projects										
SLC, State Board, Et Cetera										
FCCLA Office Candidacy										
State Leadership Conference										
National Leadership Conference										
Two Recommendations										

Comments: _____
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