

Kansas Family, Career, and Community Leaders of America
District Chapter Member of the Year Award Nomination Form

(Revised July 2012)

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

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| Pam Lamb, FCCLA State Adviser Kansas State Department of Education 900 SW Jackson – Suite 653 Topeka, Kansas 66612-1182 |
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Please note that the District Chapter Member of the Year award will be presented to one member in each of the 12 districts of Kansas FCCLA each year. Up to 12 individual recipients 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 in FCCLA: _____

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 five "yes" answers.

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| 1. Has the nominee encouraged others to join FCCLA? | Yes: ____ No: ____ |
| 2. Has the nominee worked with any national programs? | Yes: ____ No: ____ |
| 3. Has the nominee participated in STAR Events? | Yes: ____ No: ____ |
| 4. Has the nominee helped plan/carry out chapter activities? | Yes: ____ No: ____ |
| 5. Has the nominee ran for or held chapter office? | Yes: ____ No: ____ |
| 6. Has the nominee ran for or held higher office? | Yes: ____ No: ____ |
| 7. Has the nominee attended a Fall Leadership Conference? | Yes: ____ No: ____ |
| 8. Has the nominee attended State Leadership Conference? | 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 nominee's work with encouraging others to join FCCLA

2. Please discuss the nominee's work with any of the national programs.

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

4. Please discuss the nominee's work with planning/carrying out chapter activities

5. Please discuss the nominee's work with chapter office(s)

6. Please discuss the nominee's work with district, state or national office(s)

7. Please discuss the nominee's work with Fall Leadership Conference.

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

Kansas Family, Career, and Community Leaders of America District Chapter Member 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: _____

[illegible]