<u>Kansas Family, Career, and Community Leaders of America</u> <u>Statewide Chapter Adviser of the Year Award Nomination Form</u>

(Revised 9/2013)

This application must be mailed to the address below no later than **February 19th**:

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.

Nomir	nee's Name:	School:		
Person(s) Nominating: District:				
School	ol Address:			
City/S	tate/Zip:			
Phone		Fax:		
Conta	ct Email:			
How N	Many Years Has the Nominee Been an F	CCLA Adviser:		
answe answe To be	e answer all of the following questions. er please complete the corresponding ser of "yes." Questions that receive a "no" a considered, the application must contain that the nominee encouraged FCCLA me	ection of the applicanswer require no acat least eight "yes" and embership?	cation, judditional nswers. Yes:	ustifying the information. No:
	Has the nominee encouraged Power of C	•		No:
	Has the nominee encouraged STAR Eve	•		No:
	Has the nominee encouraged national pr	•		No:
	Has the nominee participated in chapter	. ,		No:
	Has the nominee served on SLC, State E	•		No:
	Has the nominee encouraged candidacy			No:
	Has the nominee promoted State Leader	•		No:
9.	Has the nominee promoted National Lea	dership Conference	res:	INO:

Please note the following:

- 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.
- 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	
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ο.	Please discuss the nominee's work with promoting State Leadership Conferen	ce
9.	Please discuss the nominee's work with promoting National Leadership	
	Conference	

<u>Kansas Family, Career, and Community Leaders of America</u> **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."

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										
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