

Kansas National Officer Candidate Application Form Instructions

Instructions to Chapter Advisor

Read all instructions before filling out the application

1. Please **type** all information requested on the form, using space provided.
2. **Attach recommendations** indicating personal qualifications from chapter advisor and school administrator or other school official. Recommendations need to indicate their support should the officer be elected. Please discuss the national officer and advisor responsibilities in detail before securing each recommendation.
3. Attach a copy of **chapter affiliation** form, verifying candidate's membership.
4. Attach an **official transcript**, which indicates the candidate's unweighted 3.0 G.P.A. for the previous 3 semesters.
5. A summary of the application form will be given to voting delegates. Please **use only the space provided**. Do not attach additional information or sheets.

NATIONAL OFFICER CANDIDATE APPLICATION

RETURN POSTMARKED BY FEBRUARY 16 TO:

State Advisor
Family, Career and Community Leaders of America, Inc
900 SW Jackson – Suite 653
Topeka, KS 66612

State _____ National Region _____ (See Bylaws for states in each region.)

NAME OF CANDIDATE _____ Date of birth _____

Mailing address

Street or box _____ Home phone (____) _____

City _____ State _____ Zip _____

E-mail address _____

Father's first name _____ Middle initial _____ Last _____

Mailing address _____ Phone (____) _____

City _____ State _____ Zip _____

Mother's first name _____ Middle initial _____ Last _____

Mailing address (if different from father's) _____ Phone (____) _____

City _____ State _____ Zip _____

If candidate is living with a guardian, give full name: _____

Mailing address _____ Phone (____) _____

City _____ State _____ Zip _____

CANDIDATE'S SCHOOL

Name of school _____

Mailing address _____ City/State/Zip _____

School phone (____) _____ Place "X" in box. ☐ Jr. H.S. ☐ Sr. H.S. ☐ Other _____

Approx. School Enrollment _____ Current Grade level _____ Cumulative G.P.A. _____
(on a 4.0 scale)

Note: Transcript should reflect same G.P.A. as above on a 4.0 scale. If different system is used, please explain in the space provided and have school official provide grade point on a 4.0 scale. Note: National Headquarters may verify this information with school officials.

CHAPTER ADVISER

Name _____ Home phone (____) _____

Mailing address _____

City _____ State _____ Zip _____

E-mail address _____

If school is different from officer candidate's:

Name of adviser's school _____

-over-

CANDIDATE'S SUMMARY SHEET

Candidate's Name _____ State _____ National Region _____
Chapter Name _____
School Name _____
School Enrollment _____
Current Grade Level _____

Type of Candidate: ☐ Occupational ☐ Comprehensive

Number of membership years in FCCLA _____

Total years of family and consumer sciences instruction completed as of the end of this school year.

List family and consumer sciences course(s) and grade level when taken or family and consumer sciences occupation related course(s), grade level when taken, and area of occupational training (food service, clothing, child care, etc.). Note: Please list the course titles as they appear on the student's transcript. _____

LIST YOUR PARTICIPATION, OFFICES IN FCCLA AND CONTRIBUTIONS TO THE FAMILY AND CONSUMER SCIENCES PROGRAM IN THE LEVELS BELOW. PLEASE USE THIS FORM ONLY, STAY WITHIN EACH BOX, DO NOT ATTACH ADDITIONAL INFORMATION, AND DO NOT ALTER THIS FORMAT.

Local; District/Regional/Areas, etc.; State; and National Levels:

Participation in school (list major activities and organizations in which involved, community activities, job experiences):

THE CANDIDATE'S CHAPTER, CHAPTER ADVISER, SCHOOL ADMINISTRATORS AND STATE ADVISER SUPPORT THIS PERSON'S CANDIDACY FOR NATIONAL OFFICE AND UNDERSTAND ALL NECESSARY REQUIREMENTS OF A NATIONAL OFFICER.

Chapter Adviser

Date

