

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 **February 19th**:

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.

