

**Instructions: Tab to get from one field to next, and/or from one line to the next.**

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

This application must be emailed to [plamb@ksde.org](mailto:plamb@ksde.org) no later than **February 19th**.

Please note that the District Chapter Adviser of the Year award will be presented to one adviser 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 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 five "yes" answers.

- |   |                   |
|---|-------------------|
| 1. Has the nominee encouraged FCCLA membership?   | Yes: ___ No: ___  |
| 2. Has the nominee encouraged national programs work?                                     | Yes: ___ No: ___  |
| 3. Has the nominee encouraged STAR Events participation?                                  | Yes: ___ No: ___  |
| 4. Has the nominee helped plan/carry out chapter activities?                              | Yes: ___ No : ___ |
| 5. Has the nominee served on SLC, State Board, et cetera?                                 | Yes: ___ No: ___  |
| 6. Has the nominee encouraged candidacy for FCCLA office?                                 | Yes: ___ No: ___  |
| 7. Has the nominee promoted Fall Leadership Conference?                                   | Yes: ___ No: ___  |
| 8. Has the nominee promoted State Leadership Conference?                                  | Yes: ___ No: ___  |
| 9. Has the nominee created a strong relationship with chapter members and their parents?  | Yes: ___ No: ___  |
| 10. Has the nominee communicated with chapter members about upcoming FCCLA opportunities? | 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 FCCLA membership



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

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

9. Please discuss the relationship between the nominee, her students, and their parents.

10. Please discuss how the nominee communicated with students and kept them updated and informed.



SLC, State Board, Et Cetera										
FCCLA Office Candidacy										
Fall Leadership Conference										
State Leadership Conference										
Relationship with Students										
Communications										
One Recommendation										

Comments: \_\_\_\_\_