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 no later than February 19th.

Please note that the District Chapter Adviser of the Year award will	l be prese	ented to one
adviser in each of the 12 districts of Kansas FCCLA each year.	•	
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 answer please complete the corresponding section of the applianswer of "yes." Questions that receive a "no" answer require no a To be considered, the application must contain at least five "yes" and the application must contain at least five "yes" and the application must contain at least five "yes" and the application must contain at least five "yes" and the application must contain at least five "yes" and the application must contain at least five "yes" and the application must contain an application must contain at least five "yes" and the application must contain at least five "yes" and the application must contain at least five "yes" and "yes" and "yes" are the application must contain at least five "yes" are the application must contain at least	ication, ju additional	ustifying the
1. Has the nominee encouraged FCCLA membership?		No:
2. Has the nominee encouraged national programs work?		No:
3. Has the nominee encouraged STAR Events participation?		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?		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:		

- o 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.
- o This application is judged based upon quality, not quantity.
- O 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 promoting national programs work
3.	Please discuss the nominee's work with encouraging STAR Events participation
4.	Please discuss the nominee's work with planning/carrying out chapter activities
5.	Please discuss the nominee's work with SLC, State Board, etc.
6.	Please discuss the nominee's work with encouraging FCCLA office candidacy

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.
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<u>Kansas Family, Career, and Community Leaders of America</u> <u>District Chapter Adviser of the Year Award Scorecard</u>

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:	

Criteria	10	9	8	7	6	5	4	3	2	1
Encourage Membership										
National Programs										
STAR Events										
Plan/Carry Out Chapter Activities										

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

Comments	:		