

**Kansas Family, Career, and Community Leaders of America**  
**Parent/Guardian of the Year Award Nomination Form**

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 Parent/Guardian of the Year award will be presented to one parent/guardian of a current FCCLA Member in the State of Kansas FCCLA each year. One individual recipient will receive this award each year.

Nominee's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Person(s) Nominating: \_\_\_\_\_ District: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

How Many Years Has the Nominee Been a parent/guardian of an FCCLA Member.

\_\_\_\_\_

How many members has the nominee been a parent/guardian of?

\_\_\_\_\_

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 supported you personally as an FCCLA member?  
Yes: \_\_\_ No: \_\_\_
2. Has the nominee supported or encouraged your local FCCLA Chapter?  
Yes: \_\_\_ No: \_\_\_
3. Has the nominee supported you or FCCLA at the district level?  
Yes: \_\_\_ No: \_\_\_
4. Has the nominee supported you or FCCLA at the state level?  
Yes: \_\_\_ No: \_\_\_
5. Has the nominee promoted or informed your community of FCCLA?  
Yes: \_\_\_ No: \_\_\_
6. Has the nominee attended at least one FCCLA event at the chapter, district, or state level?  
Yes: \_\_\_ No: \_\_\_
7. Has the nominee encouraged you to become more active in FCCLA through running for offices, star events, attending conferences etc.? Yes: \_\_\_ No: \_\_\_
8. Has the nominee responded positively or supported you in FCCLA events you wished to participate in? Yes: \_\_\_ No: \_\_\_
9. Does the nominee know and support the ideals of FCCLA? Yes: \_\_\_ No: \_\_\_

**Please note the following:**

- Attach one letter of recommendation as to why the nominee should receive this honor. This letter 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 how the nominee supported you personally as an FCCLA member?

2. Please discuss how the nominee supported or encouraged your local FCCLA Chapter?

3. Please discuss how the nominee supported you or FCCLA at the district level?

4. Please discuss how the nominee supported you or FCCLA at the state level?

5. Please discuss the work of the nominee in promoting or informing your community of FCCLA?

6. Discuss the events the nominee has attended at the chapter, district, or state levels?

7. How has the nominee encouraged you to become more active in FCCLA?

8. Please discuss the response and support of the nominee in FCCLA events you wished to participate in?

9. How has the nominee supported the ideals of FCCLA?

