

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

This application must be postmarked and sent to the address below by **February 19th.**

Pam Lamb, FCCLA State Adviser  
Kansas State Department of Education  
900 Jackson – Suite 653  
Topeka, Kansas 66612-1182

**Please note that an adviser must have been advising for only 3 years or less to qualify for this award.**

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. 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 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.

**Kansas Family, Career, and Community Leaders of America**  
**Novice Adviser of the Year Award Scorecard**

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: \_\_\_\_\_

<b>Criteria</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_