

Kansas Family, Career, and Community Leaders of America
Statewide Chapter Member of the Year Award Nomination Form
(Revised January 2022)

This application must be emailed to plamb@ksde.org no later than **February 19th**:

Please note that the Statewide Chapter Member of the Year award will be presented to one person in Kansas FCCLA each year. One individual 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 eight "yes" answers.

- | | |
|--|------------------|
| 1. Has the nominee encouraged others to join FCCLA? | Yes: ___ No: ___ |
| 2. Has the nominee completed any Power of One modules? | Yes: ___ No: ___ |
| 3. Has the nominee participated in STAR Events? | Yes: ___ No: ___ |
| 4. Has the nominee worked with any national programs? | Yes: ___ No: ___ |
| 5. Has the nominee participated in chapter service projects? | Yes: ___ No: ___ |
| 6. Has the nominee ran for or held chapter office? | Yes: ___ No: ___ |
| 7. Has the nominee ran for or held higher office? | Yes: ___ No: ___ |
| 8. Has the nominee attended State Leadership Conference? | Yes: ___ No: ___ |
| 9. Has the nominee attended National Leadership Conference? | Yes: ___ No: ___ |

Please note the following:

- Attach two letters 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 the Power of One national program

3. Please discuss the nominee's work with the STAR Events national program

4. Please discuss the nominee's work with any other national programs

5. Please discuss the nominee's work with chapter service projects

6. Please discuss the nominee's work with chapter office(s)

7. Please discuss the nominee's work with higher office(s)

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

9. Please discuss the nominee's work with National Leadership Conference

Kansas Family, Career, and Community Leaders of America
Statewide Chapter Member 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 shape or form 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										
Power of One Modules										
STAR Events Participation										
National Programs Work										
Chapter Service Projects										
Chapter Office(s)										
Higher Office(s)										
State Leadership Conference(s)										
National Leadership Conference(s)										
Two Recommendations										

Comments: _____