Kentucky Department of Education Postmark Date Due February 1 to Regional Adviser Division of Career & Technical Education March 1 to State Adviser RECOMMENDATION FOR STATE OFFICER OF FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA Application must be typed (no smaller than 10 Font). A copy of chapter affiliation with candidate's name highlighted and pages of the State Executive Council Handbook must be attached to the application. Name of Candidate: _____ Age: ____ Yr in School: _____ Home Phone: () State: Zip: Home Street Address: City: Chapter: Will Attend School next year. Has been a member of FCCLA _____years. Degrees Received: Indicate first, second and third preference by placing a 1 for first choice, a 2 for second choice and a 3 for third choice in front of the office: President President First Vice President VP of Community Service VP of Membership Scholastic Standing: Number of years in Family and Consumer Sciences beyond 8th Grade: I verify that the above information is correct. Signed: Guidance Counselor Recommendations - This candidate is recommended: 1. By chapter – as a candidate for state office. Signed: ____ Chapter President 1st Vice President Chapter Adviser 2. By Region – as a candidate for state office Signed: Regional President Regional 1st Vice Regional Adviser School Agreement If _______is elected as a state officer, I shall give needed guidance and assistance in carrying out duties and responsibilities of the office. I verify the information on this application is correct. Phone Number: Signed: Adviser Street Address Citv State Zip Signed: School Administrator

List years attended Regional meetings:

List years attended State Meetings:

List years attended National Meetings

List years attended Cluster Meetings or USA training:

List major FCCLA related activities or recognition (Use only space provided and no smaller than 10 font)

<u>CHAPTER</u>	
<u>REGION</u>	
STATE	
NATIONAL	
Other School/	Community Activities