

RECOMMENDATION FOR REGIONAL 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 must be attached to the application.

Name of Candidate: _____ Age: _____ Yr in School: _____

Home Street Address: _____ Home Phone: () _____

City: _____ State: _____ Zip: _____

Chapter: _____ Region: _____

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	_____ VP of Finance	_____ VP of Parliamentary Law	_____ VP of Public Relations
_____ First Vice President	_____ VP of Individual Programs	_____ VP of Peer Education	_____ VP of Competitive Event
_____ VP of Community Service	_____ VP of Membership		

APPROVAL

Scholastic Standing: _____

Number of years in Family and Consumer Sciences beyond 8th Grade: _____

I verify that this information is correct Signed: _____

Guidance Counselor

Recommendations - This candidate is recommended:

By _____ chapter – as a candidate for regional office.

Signed: _____

Chapter President

1st Vice President

Chapter Adviser

Adviser/Administrator 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.

Signed: _____ Phone Number: _____

Adviser

Street Address

City

State

Zip

Signed: _____

Principal / Administrator

Please list the number of years you have attended:

Regional Meetings: _____

State Meeting: _____

National Cluster Meetings: _____

National Meetings: _____

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

FCCLA ACTIVITIES

<u>CHAPTER</u>	
<u>REGION</u>	
<u>STATE</u>	
<u>NATIONAL</u>	

Other School/Community Activities