



## NC FCCLA MEMBER OF THE YEAR APPLICATION

**Application Instructions:** Complete the following application and return it six weeks prior to the NC FCCLA State Leadership Meeting. The application forwarded to the NC FCCLA State Adviser. Information must be printed or keyed into the space provided. Please TYPE ALL INFORMATION; use only the allotted space. DO NOT Attach additional pages. Submit the following in one envelope:

1. A copy of this application completed (typed)
2. One recommendation from each of the following sources (letters should address specifically the criteria for this award).
  - a. FCCLA Adviser
  - b. School Teacher or Administrator
  - c. Community Leader

### *APPLICANT INFORMATION*

Name: Last	First	Middle
Home Address		
City	State	Zip
Parents Name		
School		
School Address		
City	State	Zip
(____)	(____)	
School Phone	School Fax	
(____)		
Home Phone	E-Mail	

### **SCHOLARSHIP INFORMATION:**

Grade Point Average (on a 4-point scale):

Overall GPA \_\_\_\_\_ Family and Consumer Sciences \_\_\_\_\_  
 (Grade 9-12) (Grade 7-12)

Family and Consumer Sciences Courses Completed: \_\_\_\_\_

I, \_\_\_\_\_, Chapter Adviser, verify the above grade point averages are accurate.

List all local, regional, state, and national leadership roles related to FCCLA.

DATE

LEADERSHIP ROLE

List all local, regional, state, national service activities related to FCCLA.

DATE

SERVICE ACTIVITY

List other high school, church or community club, organizations, and activities in which you have participated.

DATE

LEADERSHIP ROLE

In your own handwriting on the back of this page, write your philosophy regarding:

\*\*\* The value of FCCLA involvement upon my future.\*\*\*