APPLICATION FOR DISTRICT FCCLA OFFICE

DEADLINE: OCTOBER 31 SEND TO: DISTRICT ADVISER

DIRECTIONS: This form is to be typed. Please send one copy to your district adviser, and keep one copy for yourself. Carefully read the election guidelines/qualifications in your chapter handbook.

Candidate for: _____ Grade in School: _____

Name: _____
First Middle Last

Address: _____

City: _____Zip: _____ Phone: ( ) _____

E-mail Address: _____

Name of Parent/Guardian: _____

School: _____

Address: _____

Working on, or has completed at least one Power of One Project in the area(s) of:

_____

_____

State target for candidacy _____

FCCLA office(s) held:

Chapter: _____

County: _____

The above candidate is an affiliated member of his/her chapter and is herby recommended:

_____ _____
Signature of Chapter Adviser Signature of Candidate

_____ _____
Adviser's Home Phone Signature of Chapter President

_____
Adviser's School Phone

DISTRICT ADVISER USE ONLY		District #
Winner	____	
1st Runner Up	____	_____
2nd Runner Up	____	

APPROVAL FORM:

I hereby certify that _____ meets all of the qualifications, and in my opinion would make a worthy officer of the Florida Association, Family, Career and Community Leaders of America. If the candidate is elected to the office, I shall assist him/her in performing all assigned duties and responsibilities.

_____
Signature of Chapter Adviser

_____ has my approval to be a candidate for a district office of the Florida Association, Family, Career and Community Leaders of America. If he/she is elected to that office, I will give my permission for attendance at district activities, state meetings, meetings called by the district advisor and to perform other duties for which he/she may be responsible.

_____
Signature of School Administrator

_____
Signature of Parent/Guardian

Pledge of the Candidate:

If elected, I will perform all the duties pertaining to my office unless an emergency such as illness or death should occur. I understand that I shall have to relinquish my office if I do not attend all required meetings, fail to perform my duties, or in anyway violate the governing articles of the constitution.

_____
Signature of the Candidate

CANDIDATE EVALUATION FORM

Evaluate the candidates qualifications, speeches, and projects under the following categories.

Candidates Name	Office	Qualifications	Speech		Project			TOTAL
		30 Points	Effectiveness 20 Points	Appearance 10 Points	Planning 10 Points	Originality 10 Points	Effort 20 Points	100