

Florida FCCLA
District Officer Candidate Application

**DEADLINE: October 31** 

**SUBMIT TO: District Adviser** 

**Directions:** Please read this application carefully and answer all fields accurately and truthfully. This application must be typed and submitted to your District Adviser via email (or via the preferred method of your district) no later than the deadline set for the current year. Consult the Florida FCCLA Bylaws for District Office Qualifications, positions, and election guidelines.

Running For:			Grade Level:		
lame:					
Firs	t	Middle	Last		
ddress:					
	Street	City	State	ZIP Code	
tudent Email:		Student Ph	none Number: ()		
chool:		Chapter Ad	Adviser:		
chool Address:	Street		Ototo	710.0-4-	
	SILEEL	( ,IT\/	State	/ IP Lange	
	Street	City	State	ZIP Code	
	mpleted) one or	more of the Power of O			
- A Better You	mpleted) one or - V	more of the Power of O		inswers):	
	mpleted) one or - V	more of the Power of O	ne Units (Circle A	inswers):	
<ul><li>A Better You</li><li>Family Ties</li></ul>	mpleted) one or - V - T	more of the Power of O	ne Units (Circle A	inswers):	
<ul><li>A Better You</li><li>Family Ties</li><li>CCLA Offices Held (P</li></ul>	mpleted) one or - V - T	more of the Power of O Vorking on Working ake the Lead	ne Units (Circle A - Speak Out fo	inswers):	

## **Approval Form:**

Chapter Adviser: I hereby certify thatqualifications for the District Officer position the	ey are running for, and in my opinion, wo	• ,		
worthy district officer. If the candidate is elected assigned duties and responsibilities.	d into office, I shall assist them in perfori	ming all		
	Signature of Chapter Adviser	Date		
Parent/School Administration: The District Cohas my approval to be a candidate for a district permission for attendance to all district activities Adviser, and other required events as may be candidate in the performance of their duties and	t officer position. If elected to the position es, state meetings, meetings called by the added throughout the year. I will also as	e District		
Signature of School Administrator Date	Signature of Parent/Guardian	Date		
Pledge of the Candidate: I,	uch as illness or death may occur. I unde attend all required meetings, 2) fail to pe	erstand that I rform my		
	Signature of Candidate	Date		
Confirmation of Membership: The candidate member of their chapter and is hereby recomm	<u> </u>	affiliated		
Signature of Chapter Adviser Date	Signature of Candidate	 Date		
Adviser Phone Number: ()				
Adviser School Phone: ()	Signature of Chapter President	Date		