



Candidate's Adviser: This form (application Form) shall be submitted, by e-mail, to the Region President's Adviser at least two weeks prior to the Planning/Election Meeting.

Region President's Adviser: Give this form and the Qualification form to the State Office representative at the conclusion of the Planning/Election Meeting.

**ARKANSAS FCCLA
OFFICER APPLICATION FORM**

School District:
Chapter:
Region:
Check the office the student is running for:

Candidate Information

Name:
Grade this year:
Home Address:
Home Phone:
Cell Phone:
E-mail:
Parent/Guardian:

Adviser Information

Name:
E-mail:
School:
School Address:
School Phone:
Cell Phone:



Statements of Assurance

All information shall be completed and submitted to the District President's Adviser two weeks prior to the Planning and Election Meeting. It needs to be completed and sent electronically to the District President's Adviser.

Name of Candidate:

School:

Endorsement of Adviser:

I feel this candidate is qualified to hold a state FCCLA office and I shall give my support and assistance if he/she is elected. I also confirm that this chapter was affiliated last year and agree to affiliate my chapter by November 1st of the current year. I understand that if affiliation is not completed by the deadline that the student will not be allowed to serve in the office to which he/she is elected.

Signature of Adviser and Date

Endorsement of Administrator:

I feel this candidate is qualified to hold a state/district office and shall give my support and assistance if he/she is elected. I understand this office will require the officer candidate and adviser to be gone during the school year elected (the number of days will depend on the office). This candidate has my support to grow in his/her leadership abilities.

Signature of Administrator and Date

Candidate Assurance:

I have read the Arkansas FCCLA District Policies and understand the duties of the office I am seeking. I agree to carry out my responsibilities to the best of my ability giving priority to FCCLA Activities. I will adhere to the FCCLA Official Dress Code, as well as attend meetings that are required of my office position.

Signature of Candidate and Date

Parent or Guardian Signature and Date