



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

District 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: Click or tap here to enter text.

Chapter: Click or tap here to enter text.

District: select

Check the office the student is running for: Select office

Candidate Information

Name: Click or tap here to enter text.

Grade this year: Choose an item.

Home Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Parent/Guardian: Click or tap here to enter text.

Adviser Information

Name: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

School: Click or tap here to enter text.

School Address: Click or tap here to enter text.

School Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.



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: Click or tap here to enter text.

School: Click or tap here to enter text.

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