



Arkansas National Officer Candidate Application 2022-2023



Candidate's Name:

Candidate's Membership ID Number:

Current Grade Level:

Gender:

Date of Birth:

School:

School Email Address:

Personal Email Address:

Home Address:

Cell Phone Number:

Chapter Adviser Name:

Adviser Email:

Number of Years in FCCLA:

Unweighted GPA:

Family and Consumer Sciences courses taken:

	7th	8th	9th	10th	11th	12th
First-year possible to join FCCLA in your school						

Conferences attended and grade(s) attended. Check all that apply

Capitol Leadership						
Fall Leadership Conference						
National Leadership Conference						
Power of One						
AR State STAR Event Competitor/Judge/Volunteer						
AR State Leadership Conference						
District STAR Event Competitor/ Judge/ Volunteer						
District Leadership Conference						
Fall Planning and Election Meeting						

Open Response

Directions: Complete each question completely in the space provided.

1. Which FCCLA purpose most reflects your involvement in FCCLA?

2. Explain your involvement in a National Program completed by your chapter.

3. What role do you think that FCCLA should play in your community, state and nation?

4. Name one leadership experience you have had and how that has allowed you to grow as a leader.

5. Explain a time when your leadership positively impacted another person.

National Officer Candidate Pledge:

I, _____ pledge to represent the Arkansas Association of Family, Career and Community Leaders of America as a National Officer Candidate.

Candidate signature and date

Parent/Guardian signature and date

National Officer Candidate's Adviser Pledge:

I, _____ pledge to support my National Officer Candidate, and uphold any duties that their position may entail.

Chapter Adviser signature and date

School Administrator signature and date



Release Form

I, _____, hereby agree and consent to allow the Arkansas Department of Education (ADE), and anyone authorized by ADE, to use the name, school district, and hometown and to reproduce, edit, alter, or publish photographs, audio, and video recordings of my child, children, or myself and their/my work products (“my/child’s information”) without payment or any other consideration.

I understand that the ADE owns a copyright and all other media distribution rights for any publication in which my/child’s information appears and may exclusively use this in any manner, in whole or in part, including print, broadcast, digital media, or online. I understand that publications containing my/child’s information will become property of ADE and will not be returned.

Furthermore, I, on behalf of myself, my child or children, and any person acting on our behalf, hereby consent and agree to release any and all claims or causes of action against ADE and any of its associates, employees, or agents associated with the release of my/child’s information that is in the possession or control of ADE and is used or released as part of the normal course of business of the ADE.

Parent’s Name or Adult (Please print.)

Child’s Name or
Children’s Names (Please print.)

Signature of Parent or Adult (Please sign in cursive.)

Date