

ARKANSAS ASSOCIATION
Family, Career and Community Leaders of America
Officer Candidate Qualification Form

(Candidates must give the information requested on this form. No other additional written material may be presented. An oral presentation not to exceed 3 minutes will be given by each candidate.)

Name of Candidate _____ District _____
School _____ Town _____
Home Address _____
Classification in school (next year) _____ Overall GPA _____
Offices for which candidate is interested _____

1. List one to three of your most meaningful FCCLA leadership experiences on each of the following levels:

LOCAL:

DISTRICT:

STATE:

NATIONAL:

2. What is the most significant contribution Family, Career and Community Leaders of America has made to you and/or your family?

3. List three to five leadership responsibilities you have assumed in school organizations other than Family, Career and Community Leaders of America.

4. List three to five ways you have participated in other community activities, including church and civic groups.

5. Endorsement of Adviser:

I feel this candidate is qualified to hold a state FCCLA office and shall give my support And assistance if he/she is elected.

Signature of Adviser

6. If elected, "I shall carry out my responsibilities to the best of my ability, giving priority to FCCLA activities."

Signature of Candidate

7. Attach a letter of recommendation from superintendent or high school principal giving qualifications of candidate (scholastic achievement, citizenship, leadership ability, attendance record) and willingness of school administrator for student to assume this responsibility.

8. Endorsement of Administrator:

I verify that this candidate is qualified in their leadership capability, citizenship and attendance responsibilities. I understand that the responsibilities of the office the student is running will require them to be absent from several school days throughout the year the student will be serving. I feel this candidate is qualified to hold a state FCCLA office and shall give my support and assistance if he/she is elected.

Signature of Administrator

9. I have read and understand the "Arkansas State Officer Responsibilities". My child has my permission and support to run for this office.

Signature of Parent/Legal Guardian

*** All signatures are required for candidates to run for office.**

