

## **National Officer Candidate Application**

 Due to the COVID impacted year, each step of the process will take place in the following formats based on whether the selection process is happening In-Person, Hybrid, or Virtual, per current Nebraska FCCLA guidance and Directed Health Measures:

Format	In-Person	Hybrid	Virtual
Application	Submitted electronically by January 15	· · ·	Submitted electronically by January 15
Test	Test taken during Selection Event		Test taken using DLG during Virtual Selection Event
Interview			Interview conducted at Virtual Selection Event
Speech	ISLU VOTING DELEGATE SESSION	Deliver in-person during Virtual SLC	Deliver virtually during Virtual SLC

- Save this form to your computer before beginning to fill it out. Close out of this form and open the one you saved. If you type on this form as it is, it will not save anything you type.
- Complete all pages of this form. Use only the space provided and do not manipulate the form in any way. You need to put the most important items in the space provided.
- Have 2 Letters of Recommendation completed on your behalf and emailed directly to the State Adviser, as you are not to see these. One should be completed by the candidate's chapter adviser and the other by an adult who is familiar with the candidate's non-FCCLA activities. When the chapter adviser is the parent of the applicant, the letter should be written by another adult school staff member.
- Submit the completed application and Letters of Recommendation by January 15 to the State Adviser at <a href="mailto:stateadviser@nebraskafccla.org">stateadviser@nebraskafccla.org</a>.
- Present a speech, up to three minutes in length, without visuals on the following topic:

"The seventh FCCLA purpose is 'To provide opportunities for making decisions & for assuming responsibilities.' How does FCCLA go 'Beyond Measure' to fulfill this purpose?"

Personal Information								
Name					Grade			
Home Address			City			Zip		
Email Address				Phone #				
Chapter Information								
Chapter Adviser Name				Email				
School Name				School Ph	one #			
School Address			City			Zip		
Personal Qualifications								
The g		vel students could first be			-			
	The	grade levels in which I ha	ve been/					
					Grade Level			
					n a 4.0 scale)			
		um of 1 year of Family & 0	Consume	r Sciences o	coursework?	Υ	es	No
List FCS courses and gra								ļ
list the courses as they	appear	on your transcript.						
As a National Officer	ام + ممان	dosino to occoment	المممام:		da :±0			
As a National Officer, v	wnat d	o you desire to accompl	ish and i	iow will yo	ou do it?			

List your participation in FCCLA, school, & community activities in the space provided. Include offices held, programs, competitions, workshops, & contributions to the Family & Consumer Sciences program.

	FCCLA/FCS Activities	Non-FCCLA Activities	Community Activities
Local			
District/			
Regional			
State			
National			

## NEBRASKA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

## NATIONAL OFFICER CANDIDATE CONTRACT

## **National Officer Candidate**

By signing below I acknowledge the following statements:

- I will attend the State Leadership Conference in April, either in-person or virtually.
- I will attend the National Leadership Conference in June-July, either in-person or virtually.
- I have read and meet all of the qualifications for an FCCLA National Officer.
- Everything I have written on this application is accurate to the best of my knowledge.
- National Officer Candidates will receive a \$150 stipend for participation at the National Leadership Conference once a reimbursement form has been submitted to the State Adviser.

Candidate Signature Date	<del></del>	
Additional Signatures  Re signing helow we acknowledge that thi	s student is applying to be a representative of Neb	oraska FCCI Δ as a National
Officer Candidate. The information provice	led in this application is accurate to the best of ou d shall cooperate in every way to assist him/her to	r knowledge, and we shall
Parent/Guardian Signature	Parent/Guardian Name	 Date
Adviser Signature	Adviser Name	 Date
Administrator Signature	Administrator Name	