

DISTRICT OFFICER INFORMATION SHEET FCCLA

STUDENT: Type or print information. Return completed form to your **Advisor**

ADVISOR: Return to your District Advisor

OFFICE: _____

NAME: _____

Address: _____

Phone: _____

Date of birth: _____ Age: _____

Parent(s): _____

Membership in FCCLA (circle grades) 5 6 7 8 9 10 11

Present year in school: _____ Approximate cumulative scholastic average: _____

SCHOOL: _____

Address: _____

Phone: _____

ADVISOR: _____

Address: _____

Phone: _____

Chapter affiliated: _____ 7-8 _____ 6-7 _____ 5-6 _____ 4-5 _____ 3-4

I recognize that this nomination requires attendance at district meetings and I agree to support this nomination:

Chapter Advisor _____

Parent or Guardian _____

Administrator _____

District Advisor _____

ADDITIONAL INFORMATION ABOUT CANDIDATE (Attach additional page if necessary)

Enrolled in family and consumer science: (circle) 5 6 7 8 9 10 11

Current Family and Consumer Science course(s): _____

Hobbies, special interests, future plans: _____

FCCLA Committees & special contributions: _____

Local offices: _____

District offices: _____

Leadership training: (place and dates) _____

School and Community activities and organizations: _____

Home and family (responsibilities/contributions) _____

My goals as District Officer would be: _____

As a District Officer, I promise to abide by the FCCLA code of conduct, uphold the purposes of the organization, and follow through on my commitment to attend required meetings.

Signature _____ Date _____