

# 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:    \_\_\_\_\_ 10-11    \_\_\_\_\_ 09-10    \_\_\_\_\_ 08-09    \_\_\_\_\_ 07-08    \_\_\_\_\_ 06-07

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**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 \_\_\_\_\_