

Candidate Name: \_\_\_\_\_

If elected as a state officer, I agree that I will support this student by:

- Providing approval for the student and their adviser to attend all required events and activities as required for a state officer.
- Financially supporting the student's adviser in attending the following required events:
  - Three (3) SEC in-person trainings held in May, September, and February
  - FCCLA National Leadership Conference
  - NC CTE Summer Conference
  - Visits and presentations to other FCCLA chapters, organizations, local school board, partnerships, etc.
  - NC FCCLA Fall Leadership Meeting(s)
  - NC FCCLA Culinary Competition
  - NC FCCLA State Leadership Conference
- Offer guidance and mentorship to the adviser by sharing best practices, advice, and assistance in navigating challenges that may be faced regarding the student's ability to complete tasks and responsibilities and/or code of conduct conflicts.
- Keeping school district stakeholders informed of the students' activities and achievements during their term.
- Recognize and celebrate the accomplishments of the student and their adviser within the school community by attending events, acknowledging achievements, etc.
- Assist the adviser, as needed, in generating positive connections with local community organization and stakeholders.

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I hereby acknowledge my commitment to providing dedicated support, as outlined above, to both the adviser and the student in their roles if the student is elected to a state officer position. I understand the significance of fostering a conducive environment for student leadership and development. I am dedicated to ensuring that the adviser and student have the necessary resources and backing to fulfill their responsibilities effectively.

School Administrator First and Last Name: \_\_\_\_\_

School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTE Director First and Last Name: \_\_\_\_\_

CTE Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Superintendent First and Last Name: \_\_\_\_\_

School Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_