

FCCLA Chapter Leader Application

Name: _____ Course Name: _____

Grade in School: _____ Grade Point Average: _____ Years as an FCCLA Member: _____

FCCLA Leadership Position Desired: _____

First Choice: _____ Second Choice: _____

FCCLA activities and accomplishments: _____

Activities and accomplishments in school, community groups, and other youth organizations: _____

Write a short paragraph telling why you would like to hold an FCCLA leadership position: _____

I realize assuming a leadership position requires extra time and effort, and I am willing to spend the extra time and effort necessary to complete all duties of my leadership position.

Signature of Applicant: _____ Date: _____