**Five Unit Recognition Application**

Use this form to apply for state and national recognition when you have completed all five Power of One units. Send the completed form to your **CHAPTER ADVISER** before the deadline so that they can submit your name to the FCCLA Portal.



National dues must be **paid by March 1st** to be eligible for national recognition.



**Participant Information**

Member Name:

Chapter Name:

Chapter ID Number:

Date:



Unit: **A Better You**

Project Title:

Description and Accomplishments:



Unit: **Family Ties**

Project Title:

Description and Accomplishments:



Unit: **Working on Working**

Project Title:

Description and Accomplishments:



Unit: **Take the Lead**

Project Title:

Description and Accomplishments:



Unit: **Speak Out for FCCLA**

Project Title:

Description and Accomplishments:



**I certify that the above student has satisfied the national membership requirements and has completed all five Power of One Units.**

Chapter Adviser Signature:

Date: