

Candidates must complete all portions of the information sheet. Incomplete information may result in disqualification.

GENERAL INFORMATION	
First and Last Name:	Grade Level:
Personal Email:	
Chapter/School Name:	FCS Educational District:
Adviser First and Last Name:	
FCS Enrollment History:	
List all FCS courses by full name and year or semester completed. Ex: Food and Nutrition 1, Fall 2023	
FCCLA INVOLVEMENT	
How many years have you been an affiliat	ed member in FCCLA?
Leadership Experience:	Conference Attendance:
National Program Experience:	Competitive Event Experience:
OTHER INVOVLEMENT	
	ations, and other activities (past or present):
List participation in sports, other organiza	