Kansas Family, Career, and Community Leaders of America
Parent/Guardian of the Year Award Nomination Form

This application must be emailed to sdandres@ksu.edu no later than **February 19th.**

Please note that the Parent/Guardian of the Year award will be presented to one parent/guardian of a current FCCLA Member in the State of Kansas FCCLA each year. One individual recipient will receive this award each year.

Nominee's Name: _____ School: _____
Person(s) Nominating: _____ District: _____
Home Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Contact Email: _____
How Many Years Has the Nominee Been a parent/guardian of an FCCLA Member.
_____

How many members has the nominee been a parent/guardian of? _____

Please answer all of the following questions. For every question that merits a "yes" answer please complete the corresponding section of the application, justifying the answer of "yes." Questions that receive a "no" answer require no additional information. To be considered, the application must contain at least five "yes" answers.

1. Has the nominee supported you personally as an FCCLA member?
   Yes: ___ No: ___
2. Has the nominee supported or encouraged your local FCCLA Chapter?
   Yes: ___ No: ___
3. Has the nominee supported you or FCCLA at the district level?
   Yes: ___ No: ___
4. Has the nominee supported you or FCCLA at the state level?
   Yes: ___ No___
5. Has the nominee promoted or informed your community of FCCLA?
   Yes: ___ No: ___
6. Has the nominee attended at least one FCCLA event at the chapter, district, or state level?   Yes: ___ No:
7. Has the nominee encouraged you to become more active in FCCLA through running for offices, star events, attending conferences etc.?   Yes: ___ No: ___
8. Has the nominee responded positively or supported you in FCCLA events you wished to participate in?   Yes: ___ No: ___
9. Does the nominee know and support the ideals of FCCLA?   Yes: ___ No: ___

Please note the following:

o   Attach one letter of recommendation as to why the nominee should receive this honor. This letter may be from an adviser, chapter officer, chapter member, district adviser, school administrator, community member, et cetera.

o   This application is judged based upon quality, not quantity.

o   **DO NOT ALTER THE FORMAT OF THIS APPLICATION, AND PLEASE TYPE EVERYTHING IN AN ARIAL 12-POINT FONT.**

1. Please discuss how the nominee supported you personally as an FCCLA member?

2. Please discuss how the nominee supported or encouraged your local FCCLA Chapter?

3. Please discuss how the nominee supported you or FCCLA at the district level?

4. Please discuss how the nominee supported you or FCCLA at the state level?

5. Please discuss the work of the nominee in promoting or informing your community of FCCLA?

6. Discuss the events the nominee has attended at the chapter, district, or state levels?

7. How has the nominee encouraged you to become more active in FCCLA?

8. Please discuss the response and support of the nominee in FCCLA events you wished to participate in?

9. How has the nominee supported the ideals of FCCLA?

Kansas Family, Career, and Community Leaders of America
Parent/Guardian of the Year Award Scorecard

Please note that this scorecard should be mailed in with the completed application, but that it should not be altered or filled out in any way prior to it being mailed out. This scorecard is for evaluation committee use only! In addition, please note that this scorecard will be returned in its completed form to the address included on the first page of the application after the application has been evaluated, regardless of the nominee's status in rank or receipt of the award. Finally, please note that the grading scale used on this application will be one in which a "10" is the highest rank possible for any completed section of the application, a "1" the lowest, and all sections left incomplete will receive a ranking of "N/A."

Name of Candidate: _____

School: _____

Criteria	10	9	8	7	6	5	4	3	2	1
Supported Person										
Supported Chapter										
Supported at District Level										
Supported at State Level										
Promoted and Informed										
Attended Events										
Encouraged Activeness										
Response Positive										
Knows and Supports Ideals										
One Recommendation										

Comments: _____