

**Instructions: Tab to get from one field to next,  
and/or from one line to the next.**

**Kansas Family, Career, and Community Leaders of America**  
**Business of the Year Award Nomination Form**

(Revised January 2025)

This application must be mailed to the address below no later than **February 20th:**

Shandi Andres, Kansas FCCLA State Adviser 1324 Lovers Lane Manhattan, KS 66506 sdandres@ksu.edu
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Please note that the Business of the Year award will be presented to one Kansas Businesses that has fostered the development of FCCLA each year. One business will receive this award each year.

Business Name: \_\_\_\_\_ School: \_\_\_\_\_  
Person(s) Nominating: \_\_\_\_\_  
Chapter/District: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

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 four “yes” answers.

1. Has the business encouraged FCCLA membership? Yes: \_\_\_\_ No: \_\_\_\_
2. Has the business supported the local FCCLA adviser? Yes: \_\_\_\_ No: \_\_\_\_
3. Has the business contributed to FCCLA activities? Yes: \_\_\_\_ No: \_\_\_\_
4. Has the business promoted the goals/purposes of FCCLA? Yes: \_\_\_\_ No: \_\_\_\_
5. Has the business participated in FCCLA Week? Yes: \_\_\_\_ No: \_\_\_\_
6. Has the business become knowledgeable of FCCLA? Yes: \_\_\_\_ No: \_\_\_\_

**Please note the following:**

- Attach one letter of recommendation as to why the nominee should receive this honor. These letters may be from an adviser, chapter officer, chapter member, district adviser, school administrator, community member, etc.
- This application is judged based upon quality, not quantity.
- **DO NOT ALTER THE FORMAT OF THIS APPLICATION, AND PLEASE TYPE EVERYTHING IN AN ARIAL 12-POINT FONT.**

1. Please discuss how the business has encouraged/supported FCCLA membership.
2. Please discuss how the business has supported the local FCCLA adviser.
3. Please discuss how the business contributed to FCCLA projects/activities.
4. Please discuss how the business has promoted the FCCLA's goals/purposes.
5. Please discuss how the business participated in FCCLA Week.
6. Please discuss the business's knowledge of FCCLA.

**Kansas Family, Career, and Community Leaders of America**  
**Business 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: \_\_\_\_\_

<b>Criteria</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Membership Support										
Adviser Support										
Contributions to Activities										
Goals/Purposes Promotion										
FCCLA Week Participation										
Knowledge of FCCLA										
One Recommendation										

Comments: