

**Kansas Family, Career, and Community Leaders of America**  
**State Rising Star**

This application must be emailed to [sdandres@ksu.edu](mailto:sdandres@ksu.edu) no later than **February 20th**:

Please note that the Statewide Rising Star is for **first year members only**. One individual from each chapter may be submitted.

Nominee's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Person(s) Nominating: \_\_\_\_\_ District: \_\_\_\_\_  
School 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 eight "yes" answers.

1. Has the nominee been consistently active this year? Yes: \_\_\_ No: \_\_\_
2. Has the nominee helped plan or carry out events? Yes: \_\_\_ No: \_\_\_
3. Has the nominee participated in chapter service projects? Yes: \_\_\_ No: \_\_\_

**Please note the following:**

- Attach a letter or statement 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, et cetera.
- 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. How has the nominee been active consistently in their FCCLA chapter this year?

2. How has the nominee helped plan or carry out events?.

3. Please discuss the nominee's work with chapter service project

**Kansas Family, Career, and Community Leaders of America**  
**Statewide Chapter Member 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 shape or form 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
Activity										
Power of One Modules										
Event Help										
National Programs Work										
Chapter Service Projects										
Two Recommendations										

Comments: \_\_\_\_\_