

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

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

Please note that the Statewide Rising Chapter is for **newly affiliated or first year opening** only. One chapter will receive this award each year.

Chapter 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 chapter been consistently active this year? Yes:        No:
2. Has the chapter encouraged membership? Yes:        No:
3. Has the chapter planned/carried out events? Yes:        No:
4. Has the chapter encouraged competitive event participation? Yes:        No:

**Please note the following:**

- Attach one letter of recommendation as to why the chapter should receive this honor. These letters may be from a teacher, administrator, community leader, 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. How has the chapter been consistently active this year?

2 How has the chapter encouraged membership?

3. How has the chapter worked with national programs?

4. How has the chapter planned/carried out events?

5. How has the chapter encouraged competitive event participation?

**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 Chapter: \_\_\_\_\_  
School: \_\_\_\_\_

Criteria	10	9	8	7	6	5	4	3	2	1
Chapter Activity										
Encouraged Membership										
National Programs										
Planned/ Carried Out Events										
STAR Event Participation										
Two Recommendations										

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