Kansas Family, Career, and Community Leaders of America

Community of the Year Award Nomination Form

(Revised July 2012)

This application must be mailed to the address below no later than **March 1st**:

Pam Lamb, FCCLA State Adviser
Kansas State Department of Education
900 SW Jackson – Suite 653
Topeka, Kansas 66612-1182

Please note that the Community of the Year award will be presented to one Kansas community that has fostered the development of FCCLA each year. One community will receive this award each year.

Community Title: _____ 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 four "yes" answers.

1. Has the community encouraged FCCLA membership? Yes: ___ No: ___
2. Has the community supported the local FCCLA adviser? Yes: ___ No: ___
3. Has the community publicized/encouraged FCCLA activities? Yes: ___ No: ___
4. Has the community promoted the goals/purposes of FCCLA? Yes: ___ No: ___
5. Has the community participated in FCCLA Week? Yes: ___ No: ___
6. Has the community become knowledgeable of FCCLA? Yes: ___ No: ___

Please note the following:

- 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.
- 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 the community's encouragement of FCCLA membership

2. Please discuss the community's support of their local FCCLA adviser

3. Please discuss the community's encouragement/publicizing of FCCLA activities

4. Please discuss the community’s promotion of FCCLA’s goals/purposes

5. Please discuss the community’s participation in FCCLA Week

6. Please discuss the community’s knowledge of FCCLA

Kansas Family, Career, and Community Leaders of America
Community 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
Membership Support										
Adviser Support										
Publicizing of Activities										
Goals/Purposes Promotion										
FCCLA Week Participation										
Knowledge of FCCLA										
One Recommendation										

Comments: _____
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