



# MISSOURI STATE ASSOCIATION

## 2019-20 Legislative Shadowing Application

Participant Name\*

Prefix

First Name

Last Name

Chapter/School Name\*

Chapter ID#\*

Region\*

Participant Home Address\*

Address Line 1

Address Line 2

City

State

ZIP Code

9 Digit Zip Code\*

Participant Email Address\*

Participant Home/Cell Number\*

Current Grade in School\*

Junior (11th)
Senior (12th)
Other

## Adviser/Chapter Information

Name of Local Adviser\*

First Name

Last Name

Adviser Email Address\*

Adviser Cell Phone Number\*

Additional Advisers and Email (optional)

Additional Adviser Cell Phone Number

# FCCLA/Academic Information

Number of Years as an FCCLA member\*

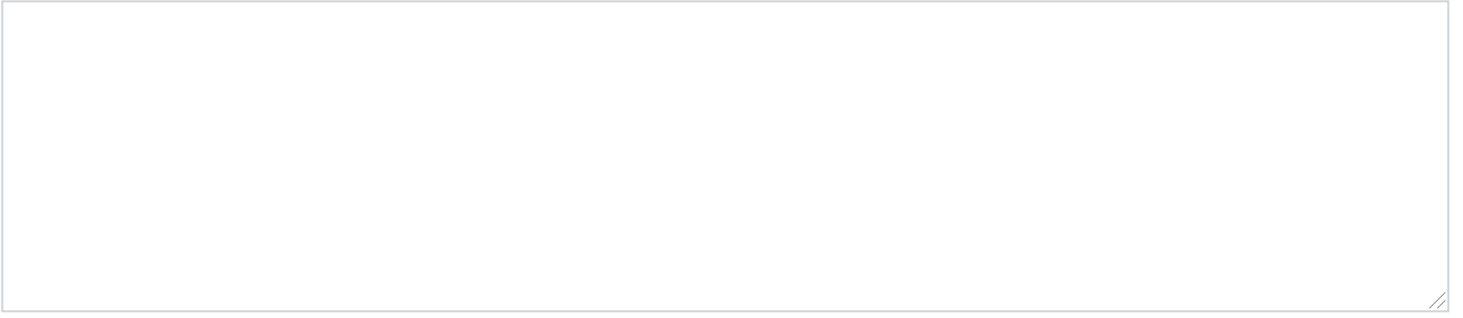
Grade Point Average (on 4.0 scale)\*

List Family and Consumer Sciences and Human Services courses you have taken\*

Participation and/or offices held in FCCLA at the Chapter Level\*

Participation and/or offices held in FCCLA at the Regional Level\*

Participation and/or offices held in FCCLA at the State/National Level\*



# Legislative Information

## Shadowing Preference\*

Representative

Senator

Elected or Appointed Official

## Please tell us in 100 words or less why you want to be chosen for this program\*

620/620

## List any activities or projects you have been involved in outside of FCCLA that would relate to the Legislative Shadowing program or your potential assignment\*

If chosen for this program it is likely that you will be asked many questions regarding Family, Career and Community Leaders of America. Please provide how you would respond to the following questions:

Why is FCCLA is hosting a Legislative Shadowing project?\*

In your opinion, what is the importance of family and consumer sciences education?\*

# Application Documentation and Submission

## Code of Conduct Form\*

Choose File No File Chosen

File uploads may not work on some mobile devices.

## Signature Page\*

Choose File No File Chosen