

Applicant Information

\* 1. Participant Title

Miss

Mr.

\* 2. Participant Name

\* 3. Chapter/School Name

\* 4. Chapter ID#

\* 5. Address

Address

Address 2

City/Town

\* 6. Zip Code (Use entire 9 digit zip code – find yours at <http://www.usps.com/zip4/>)

\* 7. Home Phone

\* 8. 2017-18 grade in school

Junior (11th Grade)

Senior (12th Grade)

\* 9. Number of years as an FCCLA member

\* 10. Grade Point Average

SAMPLE

FCCLA Information

\* 11. Missouri FCCLA Region

\* 12. Participant E-mail Address

\* 13. Name of Local FCCLA Adviser(s)

\* 14. Adviser E-mail Address

\* 15. Adviser Phone Number

\* 16. Adviser Cell Number

17. Name of Chaperone if other than adviser

\* 18. Shadowing Preference

- Representative
- Senator
- Elected or Appointed Official

SAMPLE

Application Information

\* 19. List Family Consumer Sciences and Human Services courses you have taken

\* 20. Participation and/or offices held in FCCLA

Chapter

Regional

State/National

\* 21. Please tell us in 100 words or less why you want to be chosen for this program.

\* 22. List any activities or projects you have been involved in outside of FCCLA that would relate to the Legislative Shadowing program or to your potential assignment.

\* 23. If chosen for this program it is likely that you will be asked many questions regarding Family, Career and Community Leaders of America. If someone were to ask you why FCCLA is hosting a Legislative Shadowing project, what would you say? If asked your opinion about the importance of family and consumer sciences education, how would you respond?

Required Disclaimers

\* 24. If chosen for this program you are expected to participate in all parts of the Legislative Shadowing Project. By selecting yes, you agree to follow the FCCLA Conduct Code, participate in the project on the assigned dates, and fulfill the follow-up activities. If you fail to complete these assignments it will make your chapter ineligible to participate the following year. You also agree to make arrangements with local school administration/faculty for any missed work during your absence.

Yes

No

\* 25. Have you read all of the project information and tentative schedule provided on: <http://www.mofccla.org/legislative-shadowing.html>? By clicking yes, you agree to follow all information and understand the time and dress requirements

Yes

No

\* 26. Name

SAMPLE