

**ARKANSAS FCCLA**

**OFFICER APPLICATION FORM**

School District

Chapter l

District (Check all offices willing to serve:) District President  District Division Office

State State

National National

**CANDIDATE INFORMATION**

Name

Age

Grade this year

Home Address

Home Phone

Cell Phone

E-mail Address

Parent/Guardian

**ADVISER INFORMATION**

Name

E-mail address

School

School Address

School phone

Cell Phone

**Candidate (Candidate’s Adviser): This form (Application Form) shall be submitted to the District President’s Adviser at least two weeks prior to the Planning/Election Meeting.**

**District President’s Adviser: Give this form and the Qualification/Assurance form to the State Office representative at the conclusion of the Planning/Election Meeting.**

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Arkansas Association of Family, Career and Community Leaders of America, August 2017