

**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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