

FCCLA Officer Application Form Corsicana Chapter

A Completed application should be no longer that one page in length.

Name: _____ Email _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Grade: _____ Years in FCCLA: _____

Officer Interests: 1st Choice : _____

2nd Choice: _____

3rd Choice: _____

List any Family and Consumer Science courses you have taken or are currently enrolled in.

List your past experience and involvement with FCCLA

Explain you reason for seeking a chapter office position.

Explain the strengths you would bring to the FCCLA.

Explain your participation in other activities.... Including school, church, community, etc.

Signature of Applicant: _____ Date: _____