

# *Mississippi* State Officer Application

(Applicant must be in the 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> grade. One application per chapter. Applicant must be a paid FCCLA member and a past or current Star Event Participants.)

## 2018-19



### **Application Deadline**

Application must be mail by U.S. Postal, postmark by December 22, 2017.

**Must be Present for Interview Date:  
January 9, 2018**

# Mississippi FCCLA

## STATE OFFICER CANDIDATE APPLICATION

*(Applicant must be in the 9<sup>th</sup>, 10<sup>th</sup>, or 11<sup>th</sup> grade. One application per chapter. Applicant must be a paid FCCLA member and a past or current Star Event Participant.)*

*Please Indicate the Office in which you are seeking election:*

- ( ) PRESIDENT ( ) VICE PRESIDENT OF COMPETITION  
( ) VICE PRESIDENT OF PUBLIC RELATIONS ( ) VICE PRESIDENT OF RECORDS  
( ) NATIONAL COMMITTEE MEMBER

***MUST BE TYPED:***

Name of Candidate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name Family and Consumer Sciences classed complete:

\_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Advisor Email Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

School Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

***To be completed by School/Center Counselor.***

Overall Grade Point Average on 4.0 Scale \_\_\_\_\_

Per the state bylaws graded point must be above average. "C"s are considered average this must be a 2.5 or above.

\_\_\_\_\_  
SIGNATURE OF GUIDANCE COUNSELOR

**Candidates Name/Signature** \_\_\_\_\_

FCCLA Office(s) held - *Explain*

Chapter/District/State \_\_\_\_\_

School Activities/Clubs & offices held: \_\_\_\_\_

Community/Church Activities: \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

**Additional Information:** In your own words, write a paragraph stating why you want to be a FCCLA state officer and attached it to this application. Application also should know the duties of the officer seeking and general FCCLA information.

**State Officer's Code of Ethics**

1. Be prompt and prepared for all activities.
2. Keep local advisor and state advisor informed of activities and whereabouts at all times during district and state conferences.
3. Adhere to the rules and regulations as stated in your individual school's handbook.
4. Promote a positive image at all times.
5. Respect and follow the rules and regulations set forth in the Mississippi Code of Conduct.
6. Maintain a positive attitude and show proper respect at all times.
7. Follow the FCCLA Dress Code

**Tentative Calendar of Events**

*I understand that it will be my responsibility to attend the meetings listed below. I will discuss these meetings with the appropriate person to receive their support and permission.*

- \* 2018 State Officer Summer Training (Jackson, MS)
- \* Yearly Board Meetings: (2)
- \* National Conference: July 2018 *(Mandatory)*
- \* National Cluster Meeting/Capitol Leadership Training: October/November 2019 *(Mandatory)*
- \* District, State National Leadership Activities (2018-19 School year)
- \* State Leadership Conference: February/March 2019 *(Mandatory)*

# FCCLA State Officer Signature Page

**Candidates Name/Signature** \_\_\_\_\_

*I understand that I will be required to attend the meetings listed above and will follow the State Officer's Code of Ethics. I will discuss these meetings with the appropriate persons to receive their support and permission. I will not travel to a FCCLA Event without a Guardian.*

\_\_\_\_\_  
*Candidates/Student Signature*

*I understand that if elected, my child will have my support. I will do my best to see that he/she meets the obligations of an FCCLA Officer. I am giving permission for my child image to be used in FCCLA publication including the web sites.*

\_\_\_\_\_  
*Parent/Guardian Signature*

*I understand that if elected, my student will have task and travel responsibilities. I will do my best to see that he/she meets these obligations, and I will serve on the Executive Board as an Advisor.*

\_\_\_\_\_  
*Advisor Signature*

*I understand and support the tasks and responsibilities of this teacher and student if elected to a FCCLA State officer position.*

\_\_\_\_\_  
*Principal/Director Signature*

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**ADDITIONAL INFORMATION**

**Mandatory Officer Candidate Interview/Exam:  
Location is subject to change with notice**

January 9, 2018      10 a.m.  
**Pearl Public Library**  
2416 Old Brandon Rd.  
Pearl, MS 39208

**APPLICATION DEADLINE:**

Application must be mail by U.S. Postal, postmark by December 22, 2018

**Mail to:**      MS FCCLA, Suite 202, P.O. Box 771, Jackson, MS 39205

