

# STUDENT APPLICATION FOR STATE INTERVIEW PANELIST

MAIL TO: **FCCLA STATE ADVISER**  
**9101 East Lowry Blvd.**  
**Denver, CO 80230**

**NOTE:** Interview Panelist must pass exam with at least an 80% score. (Exam may be taken more than once.)

DEADLINE DATE: **POSTMARKED BY FEBRUARY 15**

**ORGANIZATION** (Check One):  Consumer  Occupational

Name: \_\_\_\_\_ Present Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street City Zip

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

Street City Zip

Chapter Adviser: \_\_\_\_\_ School Phone No.: ( ) \_\_\_\_\_

Number of years you have been a member of FCCLA: \_\_\_\_\_

**ACTIVITIES** - Summarize in space allowed; do not attach additional pages.

a) FCCLA:

b) School:

c) Community:

**PERSONAL OBJECTIVE:** In what way, or with what background of experience, can you best contribute to FCCLA by serving on the panel to select State Officers?

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Applicant Signature Date

Do you feel that this student is ready to assume the responsibilities and obligations of being an interview panel member for FCCLA?  YES  NO \_\_\_\_\_ Exam Score

\_\_\_\_\_  
Adviser Signature Date

YES  NO

\_\_\_\_\_  
District Consultant Signature Date

**Note: State Interviewing Panel member cannot be on District Interviewing Panel for State Candidates.**