

## FCCLA Chapter Leader

## **Application**

Name:	Course Name:	
Grade in School:	Grade Point Average:	Years as an FCCLA Member:
FCCLA leadership po	osition desired:	
1st choice:	2nd choice:	
FCCLA activities and	l accomplishments:	
Activities and accom	iplishments in school, commu	nity groups, and other youth organizations:
		to hold an FCCLA leadership position.
	adership position requires extra t ecessary to complete all duties o	time and effort, and I am willing to spend the of my leadership position.
Signature of Applicant	::	Date:
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