Mississippi State Officer Application

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

2021-22

Application Deadline
Application must be mail by U.S. Postal, postmark by October 1, 2021.

Must be Present/Virtual for Interview Date:
October 14, 2021
Mississippi FCCLA
STATE OFFICER CANDIDATE APPLICATION

(Applicant must be in the 9th, 10th, or 11th 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: ________________________________

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.

* 2021 State Officer Training October 27, 2021 (Jackson, MS)
* Yearly Board Meetings: (2)
* National Conference: July 2022 (Mandatory)
* National Cluster Meeting/Capitol Leadership Training: November 2022
* District, State National Leadership Activities (2021-22 School year)
* State Leadership Conference: March 8-11, 2022 (Mandatory)
Candidates Name: _________________________________

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 websites.

__________________________________________________________
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: October 14, 2021 10 a.m.
Location is subject to change with notice

Pearl Public Library
2416 Old Brandon Rd.
Pearl, MS 39208

APPLICATION DEALINE:

Application must be mail by U.S. Postal, postmark by October 1, 2021

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

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