

**Missouri Association Family, Career and Community Leaders of America**  
**Application for Legislative Shadowing Experience**  
**(Application must be typed, and submitted via email)**

**Applicant Information**

Participant Title:  Miss  Mr.

Participant Name: \_\_\_\_\_

Chapter/School Name: \_\_\_\_\_

Chapter ID#: \_\_\_\_\_

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

Zip Code \_\_\_\_ - \_\_\_\_ (Use entire 9 digit zip code – find yours at <http://www.usps.com/zip4/>) (9 digit required for application to be considered)

Home Phone: \_\_\_\_\_

2015-16 grade in school:  Junior (11th Grade)  Senior (12th Grade)

Number of years as an FCCLA member: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**FCCLA Information**

Missouri FCCLA Region: \_\_\_\_\_

Participant E-mail Address: \_\_\_\_\_

Name of Local FCCLA Advisor(s): \_\_\_\_\_

Advisor E-mail Address: \_\_\_\_\_

Advisor Phone Number :(\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Name of Chaperone if other than adviser: \_\_\_\_\_

**Shadowing Preference**

(will be considered in assignment process):

Representative  Senator  Elected or Appointed Official

## **Application Information**

List Family Consumer Sciences and Human Services courses you have taken:

Participation and/or offices held in FCCLA:

Chapter:

Regional:

State/National:

Please tell us in 100 words or less why you want to be chosen for this program.

List any activities or projects you have been involved in outside of FCCLA that would relate to the Legislative Shadowing program or to your potential assignment.

If chosen for this program it is likely that you will be asked many questions regarding Family, Career and Community Leaders of America. If someone were to ask you why FCCLA is hosting a Legislative Shadowing project, what would you say? If asked your opinion about the importance of family and consumer sciences education, how would you respond?

If chosen for this program you are expected to participate in all parts of the Legislative Shadowing Project. By selecting yes, you agree to follow the FCCLA Conduct Code, participate in the project on the assigned dates, and fulfill the follow-up activities. You also agree to make arrangements with local school administration/faculty for any missed work during your absence.

Yes, I agree      Name: \_\_\_\_\_      Date: \_\_\_\_\_

**Return via email by midnight, by December 11<sup>th</sup> to: [mofccla@dese.mo.gov](mailto:mofccla@dese.mo.gov)  
Subject line: "Legislative Shadowing Application [Name of Chapter]"**