

**OUTSTANDING SCHOOL ADMINISTRATOR  
MISSOURI ASSOCIATION  
FAMILY, CAREER AND COMMUNITY LEADERS OF  
AMERICA**

Without the support of school administrators, students could not take advantage of the many opportunities offered through Family, Career and Community Leaders of America. Exceptional administrators encourage chapters to take advantage of FCCLA programs and develop leadership skills to prepare them for their multiple adult roles of family member, wage earner and community leader.

Family, Career and Community Leaders of America's School Administrator Recognition Program seeks to honor local administrators who give outstanding support to the organization on the local, state and national levels.

**CRITERIA**

Anyone can nominate an administrator for this award

Qualifications

The local administrator will be recognized for their service to FCCLA in or one or more of the areas listed below.

1. Supports and encourages FCCLA sponsored activities and projects
2. Supports and encourages FCCLA advisers
3. Supports and encourages individual students
4. Significantly influences and encourages membership in FCCLA
5. Promotes FCCLA in the community
6. Supports Career and Technical Education
7. 3 letters of recommendation:
  - a. FCCLA adviser
  - b. FCCLA member
  - c. Community Member/Parent

The top two candidates from each state will be submitted to the national organization by April 1 to be considered for the National School Administrator Award.

**OUTSTANDING SCHOOL ADMINISTRATOR NOMINATION  
MISSOURI ASSOCIATION  
FAMILY, CAREER AND COMMUNITY LEADERS OF  
AMERICA**

Nominator's Contact Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check one:

- Affiliated FCCLA Chapter/Member Chapter ID #: \_\_\_\_\_
- Current State Executive Council Member
- State Alumni & Associates Member
- Community Member

Nominee's Contact Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_

Has the nominee been made aware of the state award nomination?	Yes	No
Will the nominee be attending the State Leadership Conference?	Yes	No

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Show evidence of the following as it applies to the nominee:

1. Supports and encourages FCCLA sponsored activities and projects (15 pts)

2. Supports and encourages FCCLA advisers (15 pts)

3. Supports and encourages individual students (15 pts)

4. Significantly influences and encourages membership in FCCLA (15 pts)

5. Promotes FCCLA in the community (10 pts)

6. Supports Career and Technical Education (15 pts)