

**EXCELLENCE IN ADVISING
MISSOURI ASSOCIATION
FAMILY, CAREER AND COMMUNITY LEADERS OF
AMERICA**

What makes a good FCCLA advisor? Good chapter advisors work hard to see that their students receive many benefits of membership, and that the experience is a positive one. These advisors are the ones that stay late with students; give up personal or family time to go to meetings and activities; help with STAR Events; or just listen to their chapter members concerns. To many members, these advisors may seem like a part of their extended family.

The advisors that go “above and beyond” for their FCCLA members deserve additional recognition. All advisors nominated will receive a letter of acknowledgment, and those selected as award winners will be recognized on the various Missouri FCCLA social media sites and during the annual State Leadership Conference. A selection committee appointed by the State Executive Council will determine the number of award recipients.

CRITERIA

Eligibility

All nominees must be current FCCLA advisers and family and consumer sciences teachers

Qualifications

- Nomination may be made by a local FCCLA chapter president, officer or member
- All nominations must be postmarked by January 15
- Information included in the nomination materials must reflect activities for the current school year. The award is not based on years of advising, but on the positive impact of the adviser on the local chapter for the current school year. Both new and experienced advisers are eligible to be nominated.
- Completed forms may be emailed or mailed. (If emailed, signature is not required on first page)

Submit nominations by January 15

Email: mofccla@dese.mo.gov

Subject Line: Excellence in Advising Application

OR

Mail to:

Missouri FCCLA

PO Box 480

Jefferson City, MO 65102

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Nominator's Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please check one:

- Chapter President
- Chapter Officer
- Chapter Member

Chapter ID #: _____

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

4. In what FCCLA activities did your chapter participate this school year? **Do not** include activities from previous years or future plans

Local Activities- include membership recruitment, fundraising, public relations plans and other local activities

Regional activities- include regional meetings and other regional activities as appropriate

State and/or National Activities- include programs such as STAR Events, Power of One, leadership conferences and meetings, Legislative Shadowing, or other FCCLA programs or activities as appropriate

I certify that the information provided in this submission is accurate and true