



## Five Unit Recognition Application

Use this form to apply for state and national recognition when you have completed all five Power of One Units. Please print or type all information. Send two copies of this form to the **STATE ADVISER** by your state's deadline. To each form, attach a copy of the chapter affiliation form to verify membership.

National dues must be **postmarked by March 1** for students to qualify for national recognition.

**State Advisers:** Send a list of members who have earned national recognition with membership verification postmarked **no later than April 1** to:

**Power of One**  
Family, Career and Community Leaders of America, Inc.  
1910 Association Drive  
Reston, VA 20191-1584

### Participant Information

Member \_\_\_\_\_

Adviser \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

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

School phone \_\_\_\_\_ Fax \_\_\_\_\_

Current grade in school \_\_\_\_\_ E-mail \_\_\_\_\_

### Unit: **A Better You**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:





Unit: **Family Ties**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

---

Unit: **Working on Working**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

---

Unit: **Take the Lead**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

---

Unit: **Speak Out for FCCLA**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

---

**I certify the above student has met the membership requirements and has completed all five Power of One units.**

Chapter Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

State Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

*All recognition applications become the property of the national association of FCCLA, which reserves the right to publish names and quotes from the recognition applications in national materials and to the public.*

