

Outstanding Leader Application



Instructions for Student:

Complete this form (2 pages) and submit it to national FCCLA headquarters. It must be postmarked **no later than March 1.**

Attach the following to this form:

1. Two **recommendation forms**, one completed by your FCCLA adviser and one by your employer or supervisor.
2. A copy of your completed **“Leaders at Work Project Sheet.”**
3. A copy of your chapter’s affiliation form that shows your dues were sent to national FCCLA postmarked no later than March 1.

(Do not attach any additional sheets or information.)

CRITERIA

- Outstanding Leaders at Work are chosen based on this completed application. Four areas are rated—
- ▼ student’s level of FCCLA involvement (20 points);
- ▼ project goal (20 points);
- ▼ project activities and results (40 points);
- ▼ recommendations by employer and adviser (20 points).

Please print or type.

Name _____

Chapter Name _____

Applicant’s Year in School: 6 7 8 9 10 11 12

School Name _____

School Address _____

City/State/Zip _____

E-mail Address _____

School Telephone () _____ School Fax () _____

Adviser’s Name _____

Type of Job/Position: paid in school/credit ongoing volunteer

Job/Position Held _____

Place of Employment or Volunteer Service _____

Length of Employment _____ Career Goal _____

Related **Leaders at Work** Career Area:

- Early Childhood, Education and Services Food Production and Services Hospitality, Tourism and Recreation
 Housing, Interiors, and Furnishings Textiles and Apparel Family and Consumer Sciences Education

Describe your involvement with your FCCLA chapter. (20 points)

Date(s)

Type of Involvement

Responsibilities

Leaders at Work Project Information (20 points)

Project Goal _____ (20 points)

Date Started _____ Date Completed _____

Leadership Skill to be Strengthened Through Project: *(Choose only the one key skill area that applies to your project.)*

Communication (specify) _____

Interpersonal (specify) _____

Management (specify) _____

Entrepreneurship (specify) _____

The following: (40 points)

Project Description *(Include what, who, where, when, how.)*

Major Accomplishments/Results *(Describe what has changed as a result of your project.)*

Why are your chosen leadership skills important on the job?

How did this project prepare you to achieve your career goals?

(Please read and sign.)

All information in this application is correct, to the best of my knowledge.

Member _____ Date _____

Chapter Adviser _____ Date _____

Outstanding Leader Recommendation Form

Instructions for Student: Make two copies of this form. Fill in the top section on both copies. Ask your employer/supervisor to fill out one copy and return it to you. Ask your FCCLA adviser to fill out and return the other to you. Attach both completed forms to your Outstanding Leader Application.

I, _____ (*your name*), am applying for recognition as an Outstanding Leader. This is part of my involvement in the national FCCLA **Leaders at Work** program. Please rate my performance on the following project that I completed: (*describe your project briefly*)

Employer/Supervisor/Adviser Rating (Please print or type.)

Project addressed an important need. Yes No Comments: _____
Project accomplished stated goal. Yes No Comments: _____
Project achieved desired results. Yes No Comments: _____
Student improved leadership skills. Yes No Comments: _____

Please rate the overall performance of this student.

On the Job Fair Good Average Exceptional
As a Leader Fair Good Average Exceptional

(Following to be completed by advisers only)

In Class Fair Good Average Exceptional
As a Chapter Member Fair Good Average Exceptional

Comments

Please comment briefly on the student's on-the-job leadership skills and career readiness. If you recommend the student for the Outstanding Leader Award, please explain why. Attach one additional page if needed.

Form Completed By Employer / Supervisor FCCLA Adviser

Name _____ Title _____

Company/School _____

Address _____

City/State/Zip _____

Signature _____ Date _____

Printed Name _____

Leaders at Work Project Sheet

Use **Project Checklist** to help complete this form.

Name: _____ Date: _____



Identify a Concern

My top concern is:



Set a Goal

Here is what I hope to accomplish:

By _____, I will learn to be better at _____
(leadership skill)

by _____
(information to be learned, activities to be completed, and/or number to be reached.)



Form a Plan

Here is my plan:

What: _____

Who: _____

When: _____

Where: _____

How: _____



Act

Here is what I accomplished:



Follow Up

Here is what I learned:

What do you now do differently that shows you have stronger on-the-job leadership skills?

How did you share your project?