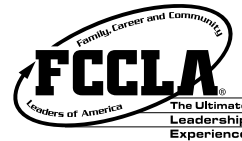




Five Unit Recognition Application



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 completed form to your **STATE ADVISER** by your state's deadline. 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 electronically to National Headquarters **no later than April 1**. Visit www.fcclainc.org/content/power-of-one/ for correct recognition template. Names submitted after the deadline will not be accepted.

Participant Information

Member Name: _____

Adviser Name: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Fax: _____

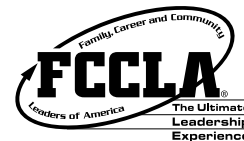
Current Grade in School: _____ E-mail Address: _____

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 national membership requirements and has completed all five Power of One units.

Chapter Adviser Signature: _____ Date: _____





power of **One** Project Sheet

Name _____

Project _____

Date _____

Identify a concern

Ask yourself—

- Which project ideas deal with concerns that are most important to me?
- Which could lead to an in-depth project?
- Which can be finished in the time available?

My top concern is:

Set a goal

Here's what I hope to accomplish:

By , I will improve
[date] [habit/activity/personal trait to be improved]

by
[information to be learned, activity to be completed, or number to be reached]

Form a plan Here's my plan:

Who:

What:

When:

Where:

How:

Resources: Attach a separate sheet listing **people, publications, and community agencies** that can help you with your project.

Proposed Project Checklist

Share this checklist with your adviser and/or evaluation team **before** starting your project.

- Is the goal realistic for the available time? yes no
- Is it an in-depth project? yes no
- Is the project related to the unit topic? yes no
- Is the member assuming full responsibility for the project? yes no
- Is the project plan complete and clearly stated? yes no
- Will the project be the work of one individual? yes no
- Are the planned activities meaningful and significant to the project? yes no

Answers to all questions should be “yes” for member to proceed.

Revisions suggested:

Adviser Signature _____

Date _____



Act

Here’s what I accomplished:



Follow up

Here’s what I learned:

What were the most successful parts of your project?

What would you change if you repeated the project?

Follow-up checklist (to be completed by adviser and/or evaluation team)

Did the student—

- Achieve the original goal? yes no
- Complete all planned activities? yes no
- Devote in-depth effort to the project? yes no
- Complete the project alone? yes no

Answers to all questions must be “yes” for approval of project.

Adviser Signature _____

Date _____