



## SOUTH DAKOTA REGION OFFICER CANDIDATE INFORMATION SHEET - JUNIOR HIGH REPRESENTATIVE

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

CHAPTER \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADVISER \_\_\_\_\_ ADVISER CELL PHONE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

SCHOOL E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME/PERSONAL E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

### ***PARENTS***

NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

### ***SCHOOL***

PHONE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

Please use this candidate information sheet as the cover for officer applications at all levels.

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**South Dakota Association  
Family, Career and  
Community Leaders of America  
Region Junior High Officer Candidate Application Instructions**

Please complete the following instructions for the Region Junior High Representative Officer Candidate Application. Applications need to be postmarked no less than **three weeks** prior to your region meeting date.

☐ **FCCLA Resume**

- Attach a professional FCCLA resume, one page only in length, typed in 11 point Times New Roman font with margins set at .75 all around, providing the below criteria:
  - Name, home address, phone, email address, school, school address, chapter, year in school, number of years in FCCLA, total years of FACS instruction.
  - List all Family and Consumer Sciences courses and grade levels when taken. Please list the course titles as they appear on your transcript.
  - List your participation in FCCLA at the local, district/region, state and national level.
  - List offices held in FCCLA.
  - List your participation in your school and community organizations.

☐ **2 Letters of Recommendation**

- Provide 2 typed letters of recommendation. Each recommendation should be on a separate sheet of paper and included with the application. The recommendations must follow the below criteria:
  - A maximum of one page in length per person and double spaced.
  - One from the Chapter Adviser and the other one from a professional knowledgeable of your FCCLA and/or non-FCCLA related activities.
  - Include FCCLA leadership skills, community involvement, and academic performance.
  - Name and title of the person writing the recommendation, signed and dated.

☐ **Affiliation**

- Attach a copy of the 2023–2024-chapter affiliation form, verifying candidate’s membership.

☐ **Official Transcript**

- Attach an official transcript that indicates the candidate’s cumulative grade point average.
- Candidate must have a minimum of one class of Family and Consumer Sciences.



☐ **Region Junior High Officer Candidate Summary Sheet**

- Complete the Region Junior High Officer Candidate Summary Sheet located on page 3.
- Include page 3 and a wallet-sized picture when submitting your region officer application to the state office.
- Send only page 3 of officer application and a wallet-sized picture to your region president.

☐ **Make a copy of your application for your records before you submit it to state headquarters.**

**Application postmark deadline for each region:**

Region I – Dec. 29, 2023

Region III – Dec. 27, 2023

Region V – Nov. 13, 2023

Region II – Nov. 16, 2023

Region IV – Nov. 17, 2023

Region VI – Jan. 5, 2024

**Mail completed applications to:**

(Deadline-3 weeks prior to region meeting)

SD FCCLA State Adviser

103 Wenona Hall

Box 507, SDSU

Brookings, SD 57007



## 2024-2025 Region Junior High Officer Candidate Summary Sheet

Name of Candidate \_\_\_\_\_ Chapter \_\_\_\_\_

School E-Mail Address \_\_\_\_\_ Adviser's Name \_\_\_\_\_

Number of Years in FCCLA \_\_\_\_\_ Current Year in School \_\_\_\_\_

**Check all that apply:** (Count only activities attended as an FCCLA member)

State Leadership Teams: ☐ Current Trends Team ☐ National Outreach Team

Power of One Modules: ☐ A Better You ☐ Family Ties ☐ Working on Working  
☐ Take the Lead ☐ Speak Out for FCCLA

Cluster/National Fall Conferences Attended: ☐ 2021 ☐ 2022 ☐ 2023

National Leadership Conferences Attended: ☐ 2021 ☐ 2022 ☐ 2023

Attended: ☐ Rookie Training (Year) \_\_\_\_\_ ☐ Power Training (Year) \_\_\_\_\_

Step One Completed: ☐ Yes (Year) \_\_\_\_\_ ☐ No

**List offices held, STAR Events competed in, and contributions to FCCLA below.**

**Local:**

**Region:**

**State:**

**National:**

**Community Involvement:**

Send ONLY this form and a wallet-sized picture to the Region Chairperson as per instructions on page 2.