



# 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.

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

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**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/](http://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: \_\_\_\_\_

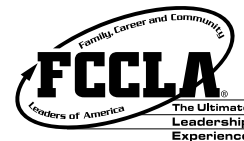
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### Unit: **A Better You**

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

Description and accomplishments:





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Unit: **Family Ties**

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

Description and accomplishments:

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Unit: **Working on Working**

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

Description and accomplishments:

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Unit: **Take the Lead**

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

Description and accomplishments:

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Unit: **Speak Out for FCCLA**

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

Description and accomplishments:

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

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

