

Financial Fitness Report Form

Complete this form for each Financial Fitness project. Make three copies. Keep one for chapter records. Send one to the state FCCLA association and send one to national FCCLA at the address below.

Chapter Name _____ FCCLA Chapter ID Number _____

School Name _____

School Address _____

City/State/Zip Code _____

Name(s) of Member(s) Submitting Report _____

Chapter Adviser's Name _____

School Phone _____ School Fax _____

Adviser's Home Phone _____ Adviser's E-mail _____

WHAT Describe your project in two to three sentences:

WHO The project reached (*insert numbers*):

_____ youth _____ children _____ families _____ adults.

Other groups that participated were:

WHEN The project was completed between _____ and _____.

WHY The goal of this project was to _____.

HOW List the major steps taken to plan, complete and evaluate the project.

What were the most impressive results of the project?

Send to—

Financial Fitness • National FCCLA • 1910 Association Drive • Reston, VA 20191-1584

FAX (703) 860-2713 • E-mail: natlhdqtrs@fcclainc.org