

This document is provided as a resource to help students and parents review all questions included in the official FCCLA Intelligent Speed Assistance (ISA) Pilot Project Application. All applicants must complete and submit the official application form in order for their application to be considered. Responses listed below are for preparation purposes only and will not be accepted as a substitute for the completed application.

Selected participants will commit to participating in the pilot for a minimum of six (6) months and will provide feedback throughout the project.

Applicant Information

- Full Name of Teen Applicant
- Applicant Email Address
- Applicant Cell Phone
- Applicant FCCLA Member ID
- Age
- State of Residence
- Community Type

Parent/Guardian Information

- Parent/Guardian Name(s)
- Parent/Guardian Email
- Parent/Guardian Cell Phone

Driving Information

- Do you currently hold a: (Select one: Learner's Permit, Provisional License, Full Driver's License, etc.)
- Do you: (Select one: Drive to school, Drive to work, Drive for family errands, etc.)
- What is the year, make, and model of the primary car you drive?
- On average, how many miles do you drive per week?

Participation Agreement

- Are you and your parent/guardian willing to have the ISA device installed in the primary vehicle you will drive for a minimum of six (6) months?
- Are you and your parent/guardian willing to:
 - Participate in two (2) webinars or Zoom calls with Sponsors
 - Post monthly about your ISA experience on social media
 - Participate in regular check-ins, complete questionnaires, provide feedback, and be interviewed
- Do you and your parent/guardian consent to be interviewed about your experience with ISA?
- Do you and your parent/guardian grant permission for FCCLA, NRSF, GHSA, and LifeSafer to use your photos, quotes, or videos in promotional and educational materials?
- Do you understand and agree that all data collected as part of your participation in this pilot will remain anonymous and be used for research purposes only?
- Do you understand and agree that if you disengage or bypass the ISA device on a consistent basis, you and your parent/guardian will be contacted by LifeSafer?

Short Response Questions

- Why are you interested in participating in this project? *(Up to 2,000 characters)*
- What do you expect to learn or gain from using this technology? *(Up to 2,000 characters)*

Required Attachment

- Attach your signed Permission and Release Form