

STATE INTERVIEW PANELIST MEMBER APPLICATION

AFFILIATION (Check One): Comprehensive Occupational

Name: _____ Present Grade in School: _____ Age: _____

Home Address: _____
STREET CITY ZIP

School Address: _____
STREET CITY ZIP

Cell Phone No. _____ Email Address: _____

Chapter Adviser: _____ School Phone No.: _____

Number of years you have been a member of FCCLA: _____

ACTIVITIES - Summarize in space allowed; do not attach additional pages.

FCCLA:

School:

Community:

APPLICANT SIGNATURE DATE

PARENT SIGNATURE DATE

Do you feel that this student is ready to assume the responsibilities and obligations of being an interview panel member for FCCLA? YES NO _____ Exam Score

ADVISER SIGNATURE DATE
 YES NO

DISTRICT CONSULTANT SIGNATURE DATE

Note: State Interviewing Panel members cannot be on District Interviewing Panel for State Candidates.

