**California FCCLA**

**GOLDEN STATE DEGREE PROGRAM**

**CHAPTER DEGREE APPLICATION**

**Due: March 1**

The statements that follow represent the minimum qualifications for achievement of the Chapter Degree. The candidate, chapter advisor, chapter president, and school principal must be able to verify information and each required person must sign at the end of this application. **\*Note:** By submitting the Chapter Degree application, the chapter agrees to be financially liable for the cost of the degree pin, which will be invoiced by the FCCLA Financial Services Office once all applications are verified.

**PART I – ELIGIBILITY**

|  |  |
| --- | --- |
|  |  |
| Name of Candidate | FCCLA Chapter |
|  |  |
| Home Address | School |
|  |  |
| City/Zip Code | FCCLA Region |
|  |  |
| Home Telephone | Year in School |

Number of Years enrolled in Family and Consumer Sciences classes?

Number of Years as an FCCLA member?

Select one: [ ]  MALE [ ]  FEMALE Current School Year

**CANDIDATE ADVISOR**

*(check and date when completed) (initial when completed)*

YES DATE YES DATE

[ ]  **1.** **Currently enrolled in a Family and Consumer Sciences class** **[ ]**

 **at or above the seventh grade level** (verification – transcript or

 class list), **OR, have been previously enrolled AND hold an**

 **FCCLA officer position or be a CRE/STAR competitor during the**

 **current school year** (Fill in evidence below)**.**

 Name of FCS class currently enrolled in:

 **OR**

Name of FCS class enrolled in during a previous school year:

 **AND**, name of officer position currently held:

 **OR** name of CRE/STAR event competing in during this school year:

[ ]  **2.** **Memorized and recited the official FCCLA Opening and Closing Ceremony.** **[ ]**

[ ]  **3.** **Memorized and recited the official FCCLA Creed, Motto, and Goal.** [ ]

[ ]  **4.** **Described and explained the meaning of the FCCLA colors.** [ ]

[ ]  **5.** **Described the official FCCLA emblem and how it should be worn.** [ ]

**CANDIDATE ADVISOR**

*(check and date when completed) (initial when completed)*

YES DATE YES DATE

[ ]  **6. Demonstrated a knowledge of FCCLA official dress and** **[ ]**

 **guidelines for conduct** (Explain the official dress and guidelines

 for conduct):

[ ]  **7. Demonstrated a knowledge of the history of the organization.** [ ]

 (Write a brief history of FCCLA nationally and in California):

[ ]  **8. Demonstrated a knowledge of the Chapter Bylaws and Program** **[ ]**

 **of Activities** (Describe the Chapter Bylaws and Program of Activities

 in writing):

**CANDIDATE ADVISOR**

*(check and date when completed) (initial when completed)*

YES DATE YES DATE

[ ]  **9. Has completed at least 5 hours of community service in the** **[ ]**

 **current school year.**

Describe Community

Service Performed Date Hours

[ ]  **10. Has access to an FCCLA Member Handbook:** **[ ]**

 Date when handbook was received

 (Has read/received the handbook) [ ]

[ ]  **11. Submitted a written request to the local chapter for the** **[ ]**

 **Chapter Degree** (Request should include a list of chapter activities,

 participation/attendance during the current program year)

[ ]  **12. Has an overall scholastic standing of 2.5 or higher.** [ ]

 (verification: Transcript)

**Are you attending this year’s Annual State Leadership Conference?** [ ]  Yes [ ]  No

**List Chapter, Region, or State Offices held:**

**FCCLA Activities you have been involved in:**

**List other major school activities you have been involved in (with dates):**

**In one or two sentences, describe what leadership, career development, and personal benefits you have gained as a member of FCCLA:**

**List one or two unique facts about you, as a person:**

**PART II – CERTIFICATION**

I certify that all of the above information is correct and accurate.

Date Signature of applicant (required)

I certify that all of the above information is accurate.

Date Signature of local Chapter Advisor (required)

Date Signature of local Chapter President (required)

I certify that the applicant has a current overall scholastic record of 2.5 or higher on an A=4.0 scale.

Date Signature of School Principal (required)

**PART III – STATE RECORDS**

One copy of the Chapter Degree application with the required verification has been sent by March 1st to the California FCCLA State Office at: **1430 N Street, Suite 4202, Sacramento, CA 95814**.

 YES DATE

 1. Verification of affiliation: Official affiliation for the current \_\_\_\_ \_\_\_\_

 year has been documented for the member applying. The

 name of the member appears on the chapter’s membership

 roster on file in the FCCLA Financial Services Office.

FCCLA State Office Check-Off Date