

# Outstanding Leader Application



## Instructions for Student:

Complete this form (2 pages) and submit it to national FCCLA headquarters. It must be postmarked **no later than March 1.**

## Attach the following to this form:

1. Two **recommendation forms**, one completed by your FCCLA adviser and one by your employer or supervisor.
2. A copy of your completed **“Leaders at Work Project Sheet.”**
3. A copy of your chapter’s affiliation form that shows your dues were sent to national FCCLA postmarked no later than March 1.

**(Do not attach any additional sheets or information.)**

## CRITERIA

- Outstanding Leaders at Work are chosen based on this completed application. Four areas are rated—
- ▼ student’s level of FCCLA involvement (20 points);
- ▼ project goal (20 points);
- ▼ project activities and results (40 points);
- ▼ recommendations by employer and adviser (20 points).

Please print or type.

Name \_\_\_\_\_

Chapter Name \_\_\_\_\_

Applicant’s Year in School:     6     7     8     9     10     11     12

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

School Telephone (     ) \_\_\_\_\_ School Fax (     ) \_\_\_\_\_

Adviser’s Name \_\_\_\_\_

Type of Job/Position:     paid     in school/credit     ongoing volunteer

Job/Position Held \_\_\_\_\_

Place of Employment or Volunteer Service \_\_\_\_\_

Length of Employment \_\_\_\_\_ Career Goal \_\_\_\_\_

Related **Leaders at Work** Career Area:

- Early Childhood, Education and Services     Food Production and Services     Hospitality, Tourism and Recreation  
 Housing, Interiors, and Furnishings     Textiles and Apparel     Family and Consumer Sciences Education

Describe your involvement with your FCCLA chapter. (20 points)

**Date(s)**

**Type of Involvement**

**Responsibilities**

**Leaders at Work Project Information (20 points)**

Project Goal \_\_\_\_\_ (20 points)

Date Started \_\_\_\_\_ Date Completed \_\_\_\_\_

Leadership Skill to be Strengthened Through Project: *(Choose only the one key skill area that applies to your project.)*

Communication (specify) \_\_\_\_\_

Interpersonal (specify) \_\_\_\_\_

Management (specify) \_\_\_\_\_

Entrepreneurship (specify) \_\_\_\_\_

**The following: (40 points)**

Project Description *(Include what, who, where, when, how.)*

Major Accomplishments/Results *(Describe what has changed as a result of your project.)*

Why are your chosen leadership skills important on the job?

How did this project prepare you to achieve your career goals?

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(Please read and sign.)

All information in this application is correct, to the best of my knowledge.

Member \_\_\_\_\_ Date \_\_\_\_\_

Chapter Adviser \_\_\_\_\_ Date \_\_\_\_\_

# Outstanding Leader Recommendation Form

**Instructions for Student:** Make two copies of this form. Fill in the top section on both copies. Ask your employer/supervisor to fill out one copy and return it to you. Ask your FCCLA adviser to fill out and return the other to you. Attach both completed forms to your Outstanding Leader Application.

I, \_\_\_\_\_ (*your name*), am applying for recognition as an Outstanding Leader. This is part of my involvement in the national FCCLA **Leaders at Work** program. Please rate my performance on the following project that I completed: (*describe your project briefly*)

**Employer/Supervisor/Adviser Rating** (Please print or type.)

- Project addressed an important need.     Yes     No    Comments: \_\_\_\_\_
- Project accomplished stated goal.         Yes     No    Comments: \_\_\_\_\_
- Project achieved desired results.         Yes     No    Comments: \_\_\_\_\_
- Student improved leadership skills.       Yes     No    Comments: \_\_\_\_\_

**Please rate the overall performance of this student.**

- On the Job                                     Fair         Good         Average     Exceptional
- As a Leader                                  Fair         Good         Average     Exceptional

*(Following to be completed by advisers only)*

- In Class                                       Fair         Good         Average     Exceptional
- As a Chapter Member                     Fair         Good         Average     Exceptional

**Comments**

Please comment briefly on the student's on-the-job leadership skills and career readiness. If you recommend the student for the Outstanding Leader Award, please explain why. Attach one additional page if needed.

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Form Completed By     Employer / Supervisor     FCCLA Adviser

Name \_\_\_\_\_ Title \_\_\_\_\_

Company/School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# Leaders at Work Project Sheet



Use **Project Checklist** to help complete this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Identify a Concern

My top concern is:



## Set a Goal

Here is what I hope to accomplish:

By \_\_\_\_\_, I will learn to be better at \_\_\_\_\_  
(leadership skill)

by \_\_\_\_\_  
(information to be learned, activities to be completed, and/or number to be reached.)



## Form a Plan

Here is my plan:

What: \_\_\_\_\_

Who: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How: \_\_\_\_\_



## Act

Here is what I accomplished:



## Follow Up

Here is what I learned:

What do you now do differently that shows you have stronger on-the-job leadership skills?

How did you share your project?