KANSAS FUTURE BUSINESS LEADERS OF AMERICA

**STATE OFFICER APPLICATION**

Each candidate for FBLA State Office and his/her chapter adviser must complete this form and submit it to the State Adviser. Additional sheets may be used as necessary.

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| --- | --- | --- | --- |
| Name |       | Office Sought |       |
| School |       | FBLA District  |       |
| SchoolAddress |       | Telephone No. | (     )-      |
|       | Fax No. | (     )-      |
| HomeAddress |       | Cell Phone No. | (     )-      |
|       | Email Address |       |
| Birthday       | FUTURE Level of BAA’s completed:       | Date/Year |
| Adviser |       | Email Address |       |
| Adviser Cell # |       |  |       |
|  |
| Class currently enrolled in: |  [ ] Freshman  | [ ] Sophomore | [ ] Junior |  |
|  |
| Class standing as of December 2019 | [ ] Upper Third | [ ] Middle Third | [ ]  Lower Third |
|  |  |  |  |
| Business and Information Technology subjects completed or enrolled in currently (give grade for each subject completed or average for those subjects in which currently enrolled): |
| Class | Grade | Class | Grade |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |
| FBLA Activities (include number of years in FBLA, offices, committee work, events participated in, etc.): |
|       |
| School and Community Activities: |
|       |

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| --- |
| Work experience (list employer, position, and length of service: |
| Employer | Position | Length of Service |
|       |       |       |
|       |       |       |
|       |       |       |
|  |
| Proposed plans for term in office: |
|       |
| CERTIFICATION BY *LOCAL* CHAPTER |
| The credentials for       are attached. To the best of our knowledge, he/she meets the qualifications specified in thecurrent edition of the Kansas FBLA State By-Laws & Policies for the office of State Kansas. If elected, he/she will receive the enthusiastic support of the school, the principal, the chapter, and the adviser in the execution of the duties of this office. |
| Local Chapter President’s Signature |  |
| Adviser’s Signature |  |
| Principal’s Signature |  |
|  |
| CERTIFICATION BY PARENT/GUARDIAN |
| If my son/daughter is elected, I understand that he/she will be required to attend the Summer Leadership Training Conference in Junction City on June 2-4. He/She will be expected to attend all other meetings required by Kansas Future Business Leaders of America, as stated in the information memo with the application materials. |
|  |
| Parent’s or Guardian’s Signature |  |
|  |
| CERTIFICATION BY OFFICER CANDIDATE |
| I, , (first/last name of candidate) agree to adhere to the state officer candidate rules and regulations; and, if elected, I will fulfill the duties and responsibilities of the office as stated in the FBLA State By-Laws and Policies. |
|  |
| Officer Candidate’s Signature |  |
|  |
| CERTIFICATION BY STATE ADVISER-- |
| Date Received: | Materials included or missing:\*Letter of Application\*Resume\*Application Form correctly signed by all parties\*FBLA Test—District VP candidates only-if no BAA Future Level completed |