



CALIFORNIA FCCLA

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

(check and date when completed)

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:

ADVISOR

(initial when completed)

YES DATE



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- 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

(check and date when completed)

ADVISOR

(initial when completed)

- | YES | DATE | | YES | DATE |
|--------------------------|------|---|--------------------------|------|
| <input type="checkbox"/> | | 6. Demonstrated a knowledge of FCCLA official dress and guidelines for conduct (Explain the official dress and guidelines for conduct): | <input type="checkbox"/> | |
| <input type="checkbox"/> | | 7. Demonstrated a knowledge of the history of the organization. (Write a brief history of FCCLA nationally and in California): | <input type="checkbox"/> | |
| <input type="checkbox"/> | | 8. Demonstrated a knowledge of the Chapter Bylaws and Program of Activities (Describe the Chapter Bylaws and Program of Activities in writing): | <input type="checkbox"/> | |

CANDIDATE

(check and date when completed)

ADVISOR

(initial when completed)

- | YES | DATE | | YES | DATE |
|--------------------------|------|--|--------------------------|------|
| <input type="checkbox"/> | | 9. Has completed at least 5 hours of community service in the current school year. | <input type="checkbox"/> | |

Describe Community Service Performed	Date	Hours
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- 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)



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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