The statements that follow represent the minimum qualifications for achievement of the Region 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.

**PART I – ELIGIBILITY**

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th>FCCLA Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>School</td>
</tr>
<tr>
<td>City/Zip Code</td>
<td>FCCLA Region</td>
</tr>
<tr>
<td>Home Telephone</td>
<td>Year in School</td>
</tr>
</tbody>
</table>

Number of Years enrolled in Family and Consumer Sciences classes?

Number of Years as an FCCLA member? Current School Year

School Year When Chapter Degree Received:

<table>
<thead>
<tr>
<th>CANDIDATE</th>
<th>ADVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(check and date when completed)</strong></td>
<td><strong>(initial when completed)</strong></td>
</tr>
<tr>
<td>YES</td>
<td>DATE</td>
</tr>
</tbody>
</table>

1. **Currently enrolled in a Family and Consumer Sciences class at or above the ninth-grade level** (verification – transcript or class list), **OR**, have been previously enrolled AND hold an FCCLA officer position or be a 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 STAR event competing in during this school year:
GOLDEN STATE DEGREE PROGRAM
REGION DEGREE APPLICATION
Due: March 1, 2021

CANDIDATE
(check and date when completed)

YES DATE

ADVISOR
(initial when completed)

YES DATE

☐ 2. Completed at least one full year of Family and Consumer Sciences Education (verification – transcript or report card(s) showing grade of C or better).

☐ 3. Completed at least 10 hours of community service in the current school year.

Describe Community Service Performed ___________________________ Date(s) _______________ Hours

☐ 4. Participated in the planning and conducting of at least three (3) official functions in the chapter Program of Activities (List activities and provide verification – copy of Program of Activities and/or minutes/notes)

a.

b.

c.

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GOLDEN STATE DEGREE PROGRAM
REGION DEGREE APPLICATION
Due: March 1, 2021

CANDIDATE
(check and date when completed)

YES DATE

☐ 5. Attended at least two region meetings in the past two years.
   Date Location

☐ 6. Effectively led a group discussion on a Family and Consumer Sciences Education, FCCLA, or leadership development topic for at least ten (10) minutes (list date, topic, and type of setting, e.g. classroom, FCCLA Chapter or Region meeting, Back-to-School Night).
   Date Topic Setting

☐ 7. Demonstrated at least five (5) procedures of parliamentary law.
   Date Procedure(s) Type of Meeting

  1. 
  2. 
  3. 
  4. 
  5.

ADVISOR
(initial when completed)

YES DATE

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8. Have an overall high school scholastic standing of 2.5 or higher
   \[ A = 4.0 \text{ scale} \] (verification: transcript).

9. Named the six program components of FCCLA.

10. Participated in a STAR at or above the region level.
    
    Date STAR Event Level of Competition

9. Completed three units of the National Program Power of One.
   (Attach a completed Planning Process Page for each unit)

11. Submitted a written request to the Region Coordinator for the Region Degree with required verification:
    
    ● Transcript and/or report cards & class list
    ● Program of Activities and/or minutes/notes

    List participation/attendance in region activities during the current school year.

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:

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

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PART II – CERTIFICATION

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

Date __________________________ Signature of applicant (required) __________________________

Date __________________________ Signature of local Chapter Advisor (required) __________________________

Date __________________________ Signature of local Chapter President (required) __________________________

I certify that the applicant has a current 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 Region 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.

   Date __________________________ Signature of School Principal (required) __________________________

2. The applicant applied for and received the Chapter Degree during the ________________________ school year.

   Date __________________________ Signature of School Principal (required) __________________________

FCCLA State Office Check-Off __________________________ Date __________________________

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