The Red Rose Award recognizes new FCCLA members that have demonstrated leadership and knowledge of FCS and FCCLA within their local chapter. The statements that follow represent the minimum qualifications for achievement of the Red Rose Award. The candidate, chapter advisor, and chapter president must be able to verify information and each required person must sign at the end of this application. Please make sure that the application is typed prior to submission; any handwritten applications will not be accepted. Recipients of the Red Rose Award may also apply for the Chapter Degree Award in the same school year.

**NOTE:** By submitting the Red Rose application, the chapter agrees to be financially liable for the cost of the rose pin, which will be invoiced by the FCCLA Financial Services Office once all applications are verified.

**PART I – ELIGIBILITY**

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<tr>
<th>Name of Candidate</th>
<th>FCCLA Chapter</th>
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<tr>
<td>FCCLA Region</td>
<td>Year in School</td>
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Only first-year FCCLA members are eligible to earn the Red Rose Award.

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

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<th>YES</th>
<th>DATE</th>
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1. **Currently enrolled in a Family and Consumer Sciences class at or above the sixth-grade level** *(verification – transcript or class list)*
   Name of FCS class currently or previously enrolled in:

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2. **Recited the official FCCLA Creed, Motto, and Tagline.**

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3. **Demonstrated knowledge of FCCLA official dress and has access to an FCCLA red blazer and ascot/tie.**

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4. Explain the meaning of the FCCLA Colors and FCCLA Flower.
   (List the meanings below).

5. What are at least 3 benefits FCCLA offers to members?
   (List at least three benefits below)

6. Attended at least 1 Region Meeting and 2 Chapter Meetings/Events.
   (List the events/meetings below with date attended)

7. Participated and completed at least one Power of One unit.
   (Verification: Complete the attached Planning Process Page)

8. Explain two ways you promoted FCCLA to your school/community.
   (List two ways below)
RED ROSE AWARD APPLICATION

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)

PART III – STATE RECORDS

One copy of the Red Rose 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
Which Power of One Unit is this project for:

IDENTIFY CONCERNS

SET A GOAL

FORM A PLAN
- who
- what
- where
- when
- why
- how

ACT

FOLLOW UP

What could have gone better/what did you learn?