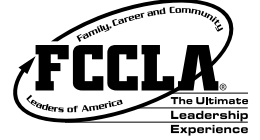




# Five Unit Recognition Application



**Students:** Use this form for recognition when you have completed **all five** Power of One units. Please print or type all information. Turn in the completed form to your adviser.

**Advisers:**

- Once you have verified that students have completed all five Power of One units, submit student names through the FCCLA Affiliation Portal by **March 1st** for state and national recognition.
- This form does NOT need to be submitted to the Michigan or National FCCLA offices.

*National membership dues must be received by March 1st for students to qualify for recognition.*

**Participant Information**

Member Name: \_\_\_\_\_

Adviser Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Current Grade in School: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**Unit: A Better You**

Project Title: \_\_\_\_\_ Date approved: \_\_\_\_\_

Description and accomplishments:



Member Name: \_\_\_\_\_

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

Unit: **Family Ties**

Project Title: \_\_\_\_\_ Date approved: \_\_\_\_\_

Description and accomplishments:

Unit: **Working on Working**

Project Title: \_\_\_\_\_ Date approved: \_\_\_\_\_

Description and accomplishments:

Unit: **Take the Lead**

Project Title: \_\_\_\_\_ Date approved: \_\_\_\_\_

Description and accomplishments:

Unit: **Speak Out for FCCLA**

Project Title: \_\_\_\_\_ Date approved: \_\_\_\_\_

Description and accomplishments:

**I certify the above student has met the national membership requirements and has completed all five Power of One units.**

Chapter Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

