



Five Unit Recognition Application

Use this form to apply for state and national recognition when you have completed all five Power of One Units. Please print or type all information. Send one copy of this form to Michigan FCCLA by March 1. To each form, attach a copy of the chapter affiliation form to verify membership.

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

Send completed applications to:

Michigan FCCLA
Eastern Michigan University
Ypsilanti, MI 48197
Or Fax to: 734-487-4329

Participant Information

Member _____

Adviser _____

School name _____

School address _____

City _____ State _____ Zip _____

School phone _____ Fax _____

Current grade in school _____ E-mail _____

Unit: **A Better You**

Project Title _____ Date approved _____

Description and accomplishments:





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 membership requirements and has completed all five Power of One units.

Chapter Adviser Signature _____ Date _____

