**Red Rose Chapter Application**



**DUE: February 21, 2020**

**Basic Chapter Information:**

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

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adviser’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be recognized as a Red Rose Chapter at the 2020 State Leadership Conference, complete this application and submit by February 21st by e-mail to [NJFCCLA@gmail.com](mailto:NJFCCLA@gmail.com) .

***Please “SAVE AS” PDF File upon submission.***

**Required Elements:**

*Complete ALL required elements*

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|  | Membership increase of at least 5 members. Write their names, grades, and FCCLA membership ID number. |
|  | Picture of members at Leadership Bootcamp or a picture of the conference invoices for proof of attendance. (4 members and 1 adviser) |
|  | Participate in SLC community service efforts which must exceed the recommended standard set by New Jersey FCCLA. Include the number of items your chapter brings. |
|  | Compete in State events at the State Leadership Conference. (Minimum of 5 members). Write their names, FCCLA membership ID numbers, and event names. |
|  | At least 3 members must complete Power of One. Attach their applications for Power of One recognition. |
|  | Compete in 2 Fall Competitive Events. |

**Paperwork for Required Elements**

*Space provided may be expanded or edited as needed*

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| **Membership increase:** *Write members’ names, grades, and FCCLA membership ID number.* |
| |  |  |  | | --- | --- | --- | | **Member Name** | **Grade** | **FCCLA Membership #** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **Picture(s) of members at Leadership Bootcamp or a picture of the conference invoices for proof of attendance. (4 members and 1 adviser)** |
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| **FLC Community Service:** *Participate in SLC community service efforts which must exceed the recommended standard set by New Jersey FCCLA. Include the number of items your chapter brings.* |
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| **SLC State or STAR Events Participation:** *Write their names, FCCLA membership ID numbers, and event names. (minimum of 5 members)* |
| |  |  |  | | --- | --- | --- | | **Member Name** | **FCCLA Membership #** | **Event Name** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **3 Members complete all 5 units of Power of One by March 1st.**  **They must be submitted for National Recognition** | | |
| **1** | **Member Name** | **FCCLA Membership #** |
| **2** |  |  |
| **3** |  |  |

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| **FLC State Events Participation:** *Write their names, FCCLA membership ID numbers, and event names. (minimum of 2 members)* |
| |  |  |  | | --- | --- | --- | | ***Member Name*** | ***FCCLA Membership #*** | ***Event Name*** | |  |  |  | |  |  |  | |  |  |  | |

**Additional Elements:**

*Complete at least 20 out of 50 points. The point values are noted in gray. Your chapter* ***does not*** *need to complete all of the elements.* ***Attach all pictures and responses to end of packet.*** *Leave elements blank if they are not complete.*

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| **1 Point** | |
|  | Chapter representatives attended both pull out sessions at the Fall Leadership Conference.   * Describe your experiences at the pull out session, "LEAD for a Better World". * Describe your experiences at the pull out session, "Make a Difference". |
|  | Submit an application for a State or National award to be recognized at the SLC. Provide a copy of the application or confirmation of receipt of application. |
|  | Chapter participation in FCS Dine in Day, December 3rd. Attach pictures promotion and proof of participation. |

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| **2 Points** | |
|  | Chapter participation in Campaign for Tobacco Free Kids Program. |
|  | Schedule a meeting with a superintendent or member of your town’s BOE to advocate for FCCLA and FCS education. (include a picture/copy of the message you presented) Explain your experience and what you learned. Attach a photo of members with the official. |
|  | Attendance by a minimum of 5 members at Fall Leadership Connection. Include a picture of members or a picture of the conference invoices for proof of attendance. |
|  | Create a chapter social media account. Make the account public and follow NJ FCCLA. Write the platform and username **here:** ­­­­­­­\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Create an FCCLA bulletin board at your school. Attach a picture of the board. |

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| **3 Points** | |
|  | Participate in a collaborative effort with another CTSO or business/industry partner. (show photos and documents) |
|  | Make a chapter website. Insert the link **here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Compete in a STAR Event at SLC (minimum of 3 members). Include their names, grades, event names, and FCCLA membership ID numbers. |
|  | Participate in 3 of the FCCLA Week initiatives, show proof with documents and photos. |
|  | Chapter attended the National Fall Conference in Dallas, Texas |

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| **4 Points** | |
|  | Complete a national program other than Power of One. *Attach the application for national recognition at fcclainc.org.* |
|  | Apply for Go for the Red Membership Campaign. Attach a screenshot of submission. |
|  | Chapter attendance at the 2019 NLC (at least 2 members and 1 adviser) Include picture of members in attendance or a picture of the conference invoices. |

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| **5 points** | |
|  | Mentor a new chapter. Explain your experience and how you helped them through the process of affiliation and attending their first conferences. Include photo proof of at least 3 supportive initiatives. |
|  | Meet with a member of New Jersey state legislature to advocate for FCCLA and Family and Consumer Sciences education. Explain your experience and what you learned. Attach a picture of chapter members with the member of legislature. |