**Kansas FBLA HS Chapter of the Month**

Requirements:

* Chapter of the Month
  + Outstanding Chapter of the Month — this chapter is selected based upon activities and application completion. The Chapter of the Month Committee will score each chapter’s submission. The chapter with the most points will win the title of Outstanding Chapter of the Month. The winner will receive an official printed certificate in the mail (signed by the State President). Only one chapter will receive this award each month. The winner will also be recognized on social media and in the *Kansas Exchange*.
  + Honorary Chapter(s) of the Month—every chapter that submitted materials should receive this recognition (winners will receive an electronic certificate) and they will be recognized on social media.
* All completed tables and essays can be submitted electronically to the Treasurer at [ksfblachapterofthemonth@gmail.com](mailto:ksfblachapterofthemonth@gmail.com).
* The **DEADLINE** for submission will be the 10th of each month following the month the activities were completed ***(August submission is due September 10, September submission is due October 10, October submission is due November 10; November submission is due December 10; December submission is due January 10, January submission is due February 10, February submission is due March 10).***
* **No school should be selected twice in the same school year**, but they can be an Honorary Chapter of the Month as many times as they have submitted the necessary materials. It is recommended that chapters continue to submit the form each month, even though they may not have done as many activities as they had done in previous months.
* The Outstanding Chapters will be recognized at the Business Session of the SLC.
* ***PLEASE DO NOT FEEL YOU MUST HAVE AN ACTIVITY FOR EVERY SECTION OF THE FORM. EVEN COMPLETING SOME OF THE ACTIVITIES WILL AT LEAST ALLOW A CHAPTER TO QUALIFY AS AN HONORARY CHAPTER OF THE MONTH.***

**Kansas FBLA HS Chapter of the Month Submission Form**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF MONTH)**

List what you have done during this month in the space(s) provided along with the date of the event. If more than one event, please list. Please complete this form electronically and send it to the email address provided above.—**DUE THE 10TH OF THE FOLLOWING MONTH***. (For the* ***August Chapter of the Month*** *Submission, please feel free to add ALL previous activities completed from April, May, June, July & August.)*

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| --- | --- | --- |
| **Chapter Name:** | | |
| **Chapter Adviser Name:** | | |
| **Chapter Adviser Email:** | | |
|  | **List Activities** | **Date of Activity** |
| **Community Service Activity**   * *EX-Handed Food Out at the Food Pantry (9/25/24)* |  |  |
| **Fundraising Activity**   * *EX-Concession Stand (9/10/24)* |  |  |
| **Leadership Activity**   * *EX-Chapter Meeting (9/5/24)* |  |  |
| **Alzheimer Activity**   * *EX-Alzheimer Walk (9/14/24)* |  |  |
| **Media Recognition**   * *EX-Article in the Kansas Exchange (9/10/24)* |  |  |
| **Membership Drive**   * *Ice Cream Party (9/6/24)* |  |  |
| **Middle Level Awareness**   * *EX-Welcome Back Dance (9/25/24)* |  |  |
| **State Sponsored Activity**   * *EX-Submitted Service Member of the Month (9/10/24)* |  |  |
| **National Program Activity**   * *EX-National Theme Idea Submission (4/25/24)* |  |  |
| **School Service Activity**   * *EX-All School Recycling Collection (9/7/24)* |  |  |
| **Corporate Sponsorships—List the name and $ amount**   * *EX-Kansas State Bank, $150 (9/18/24)* |  |  |
| **Conferences—Conference and members who attended**  *EX-National Leadership Conference—Jane Doe, Jim Doe, John Doe (6/28-30/24)* |  |  |
| **Social Activity**   * *EX-Scavenger Hunt (9/5/24)* |  |  |
| **Other (description)**   * *Place anything here that you do not feel belongs in the other categories* |  |  |
| **Chapter completed one of the five Champion Chapter Programs-*Summer Starter, Shaping Success, Service Season, CTE Celebration, Champion +*** |  |  |
| **Business Achievement Award Completions-*Contributor, Leader, Advocate, Capstone* (Provide Student Name, Level and the business skill or content area if Advocate Level)** |  |  |