

KANSAS FUTURE BUSINESS LEADERS OF AMERICA

**STATE OFFICER APPLICATION**

Each candidate for FBLA State Office and his/her chapter adviser must complete this form and submit it to the State Adviser. Additional sheets may be used as necessary.

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| Name |  | | | | | Office Sought | |  | | | |
| School |  | | | | | FBLA District | |  | | | |
| School  Address |  | | | | | Telephone No. | | (     )- | | | |
|  | | | | | Fax No. | | (     )- | | | |
| Home  Address |  | | | | | Cell Phone No. | | (     )- | | | |
|  | | | | | Email Address | |  | | | |
| Birthday | | | Contributor Level of BAAs completed: | | | | | | | | Date/Year |
| Adviser |  | | | | | Email Address | |  | | | |
| Adviser Cell # |  | | | | |  | |  | | | |
|  | | | | | | | | | | | |
| Class currently enrolled in: | | | | Freshman | | Sophomore | | | Junior | |  |
|  | | | | | | | | | | | |
| Class standing as of December 2023 | | | | Upper Third | | | Middle Third | | | | Lower Third |
|  | | | |  | | |  | | | |  |
| Business and Information Technology subjects completed or enrolled in currently (give grade for each subject completed or average for those subjects in which currently enrolled): | | | | | | | | | | | |
| Class | | Grade | | | Class | | | | | Grade | |
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| FBLA Activities (include number of years in FBLA, offices, committee work, events participated in, etc.): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| School and Community Activities : | | | | | | | | | | | |
|  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Work experience (list employer, position, and length of service): | | | | |
| Employer | | | Position | Length of Service |
|  | | |  |  |
|  | | |  |  |
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| Proposed plans for term in office: | | | | |
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| CERTIFICATION BY *LOCAL* CHAPTER | | | | |
| The credentials for       are attached. To the best of our knowledge, he/she meets the qualifications specified in the  current edition of the Kansas FBLA State By-Laws & Policies for the office of State\_\_\_\_\_\_\_\_\_\_\_. If elected, he/she will receive the enthusiastic support of the school, the principal, the chapter, and the adviser in the execution of the duties of this office. | | | | |
| **Local Chapter**  **President’s Signature** |  | | | |
| **Adviser’s Signature** |  | | | |
| **Principal’s Signature** |  | | | |
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| CERTIFICATION BY PARENT/GUARDIAN | | | | |
| If my son/daughter is elected, I understand that he/she will be required to attend the 2024 Summer Leadership Training for  CTSO state officers on June 3 & 4, 2024. He/She will be expected to attend all other meetings required by Kansas Future  Business Leaders of America, as stated in the information memo with the application materials. | | | | |
|  | | | | |
| **Parent’s or Guardian’s Signature** | |  | | |
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| CERTIFICATION BY OFFICER CANDIDATE | | | | |
| I, , (first/last name of candidate) agree to adhere to the state officer candidate rules and regulations;  and, if elected, I will fulfill the duties and responsibilities of the office as stated in the FBLA State By-Laws and Policies. | | | | |
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| **Officer Candidate’s Signature** | |  | | |
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| CERTIFICATION BY STATE ADVISER | | | | |
| Date Received: | | Materials included or missing:  \*photo of candidate  \*Letter of Application  \*Resume  \*Application Form correctly signed by all parties | | |