

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  |       |
| SchoolAddress |       | Telephone No. | (     )-      |
|       | Fax No. | (     )-      |
| HomeAddress |       | 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 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |
| 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 |
|       |       |       |
|       |       |       |
|  |
| Proposed plans for term in office: |
|       |
| CERTIFICATION BY *LOCAL* CHAPTER |
| The credentials for       are attached. To the best of our knowledge, he/she meets the qualifications specified in thecurrent 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. |
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| **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 |