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|  | Name |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | **First, MI, Last** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Date of Birth | | |  | | | | | | | **(*double-click box*)** | | Gender | | | | | M | | | F | | | | Grade Level | | | |  | | | |
|  | Chapter | |  | | | | | | | | | | | Phone Number | | | | | | | | |  | | | | | | | | |
|  | School | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Address | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **City, State, Zip+4** | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | Home Address | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | | **City, State, Zip+4** | | | | | | | | | | | | | | |  | | | |  | | | | | |
|  | Parents/Guardians | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |  | | | |  | | | | | |
|  | Phone Numbers | | | | | | |  | | | | | | | |  |  | | | | | | | | | | | | | |  |
|  | | | | | | | | **(FBLA Member’s Home Number)** | | | | | | | |  | **(FBLA Member’s Cell Phone Number)** | | | | | | | | | | | | | | |
|  | Email Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| Interview Time Preference**: (*double-click box*)** | | | | | | | | | | | | | AM | | PM | | | Either AM or PM | | | | | | | | |  | | | | |
|  | I wish to be considered as a candidate for: | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| *Each chapter may enter a maximum of three candidates:   Two candidates for Series I and one candidate for Series II.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*\*All candidates must have attended a Nebraska FBLA Fall Leadership Conference.*  (*double-click appropriate boxes*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Series I:** | | | | | | President\*  \* A presidential candidate must have attended an FBLA State Leadership Conference. | | | | | Vice President | | | | | | | | Secretary | | | | | | Treasurer | | | | Reporter | | |
|  | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Series II:** | | | | | | Parliamentarian | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| Should I be elected/appointed as a state officer, I am interested in running for a national office.  (*double-click box*)  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
|  | I wish to serve as a State Officer because: | | | | | |
|  |  | | | | | |
|  | List all business education courses you have taken: | | | | | |
|  |  | | | | | |
|  | List all courses you plan to take next year: | | | | | |
|  |  | | | | | |
|  | Date you became an active FBLA member: | | | |  |  |
|  | List your activities in FBLA. | | | | | |
|  | | Offices: |  | | | |
|  | |  | | | | |
|  | | Committee Leadership Positions: | |  | | |
|  | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Committees Served: |  |
|  | |  | |
|  | | Honors Won: |  |
|  | |  | |
|  | | Chapter Participation: |  |
|  | |  | |
|  | |  |  |
|  | List your activities in any other youth, civic, social, or church groups (include offices held, committees served, and honors won.): | | |
|  |  | | |
|  | List FBLA state conferences you have attended, including the year attended. | | |
|  |  | | |

|  |  |
| --- | --- |
|  | List FBLA national conferences you have attended, including the year attended. |
|  |  |
|  | How do you plan to apply the knowledge and skills gained through FBLA involvement and enrollment in business courses? |
|  |  |
|  | List public speaking experiences and/or presentations you have given. |
|  |  |
|  | Do you have a job at the present time or do you plan to work next school year? |
|  |  |
|  | What do you plan to do upon graduation from high school? |
|  |  |
| I understand the procedures and responsibilities of becoming a state officer, which will include the submission of a financial statement for campaign expenses at campaign check-in. | |
| I have read and fully understand the FBLA State Officer Conduct/Procedure Code Guidelines and agree to comply with these conduct guidelines. | |

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| --- | --- | --- |
|  |  |  |
| Officer Candidate’s Signature |  | Adviser’s Signature |
|  |  |
| Date |  | Date |