

2018-2019 Nebraska FBLA Board of Directors All-State Quality Member Award

Directions:

- All activities **must be FBLA activities**; activities for other organizations should not be included.
- Must give **month, day and year** or the square will receive point deductions. Example where applicable: 5/5/18
- Please type! **No handwritten forms will be accepted.**
- 100 points needed to receive award.
- Each FBLA activity may be **used only once.**
- Include activities from **2/15/18 to 2/7/19.**
- **Open PDF in Adobe Reader to Save.**

Submit to online form by March 1, 2019.

Q	U	A	L	I	T	Y
Meetings and Conferences	Chapter Contributions	Community Service	School Service	Public Relations	Leadership Development	Professional Activities
Please check all attended. SLC 2018 <input type="checkbox"/> (10) FLC 2018 <input type="checkbox"/> (10)	Instrumental in the preparation of a 2019 SLC Chapter Report. Report Name: <input type="checkbox"/> (10)	_____	_____	Wrote CSTO letter of support to congressional representatives. _____ _____	Business Achievement Awards (BAA) Level: _____	_____
		Date Click or tap <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (4)	Date Click or tap to <input type="checkbox"/> (3)
Attended a college business competition or conference. _____ Date _____ <input type="checkbox"/> (3)	Instrumental in an attempt to charter or reactivate one chapter. Chapter: _____ _____ Date _____ <input type="checkbox"/> (5)	_____	_____	_____	Local Chapter Officer/Leadership Team. List Office Held: 2018-2019 <input type="checkbox"/> (15)	_____
		Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)
Please check all attended. NLC 2018 <input type="checkbox"/> (5) NFLC 2018 <input type="checkbox"/> (5)	Chaired at least one committee. Committee Name: _____ _____ Date _____ <input type="checkbox"/> (4)	_____	_____	_____	_____	_____
		Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)
Attend five (5) chapter meetings in 2018-2019 (M/D/YY) <input type="checkbox"/> (3) Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date.	_____	_____	_____	_____	_____	_____
	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)
Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)	Date Click or tap to <input type="checkbox"/> (3)
Column Total _____	Column Total _____	Column Total _____	Column Total _____	Column Total _____	Column Total _____	Column Total _____

Student Name _____

Chapter _____

Adviser Signature _____

GRAND TOTAL _____