**2020-2021 Alabama FBLA**

**State Leadership Council Information**

Thank you for your interest in being a part of the 2020-2021 Alabama FBLA State Officer Leadership Council. You have already taken the first step to ***Aspire***. Being a part of this council will be a very rewarding commitment.

 **To be considered, you must meet the following requirements:**

1. Be a registered FBLA member for the 2020-2021 School Year
2. Submit a signed and completed Adviser Checklist
3. Submit a signed and completed application

**Duties include but are not limited to:**

1. Submit monthly reports to District VP on the 10th of every month
2. Attend a Google Meeting every 1st Thursday of the month with State Officer team
3. Attend/participate in weekly webinars
4. Submit a minimum of 10 hours of Community Service by the CSA recognition award deadline
5. Complete one level of BAA (high school)/Lead (middle school)
6. Local chapter submits a Blueprint for Success by the SLC deadline
7. Attend SLC and weekly webinars
8. Assist with social media platforms
9. Collect pictures and create photo collage to be displayed at SLC

Alabama FBLA State Officer Leadership Council members who successfully complete their terms will be awarded a plaque and a ribbon at the 2021 State Leadership Conference.

The State Officer Team looks forward to reviewing your application. If you have any questions or concerns, please do not hesitate to contact your District Vice President.

# UPLOAD COMPLETED APPLICATION AND ADVISER APPROVAL CHECKLIST AS ONE DOCUMENT TO: <https://www.dropbox.com/request/dn5Jeap5CavbqQRC3ijr>

**DUE BY TUESDAY, OCTOBER 13, 2020**

**2020-2021 Alabama FBLA**

**State Leadership Council Application**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address**: Street/PO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

State\_\_\_\_\_\_\_\_\_\_\_, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Chapter Adviser Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

**Local Chapter Adviser Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schoo**l: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Grade:** **7**\_\_\_ **8**\_\_\_ **9**\_\_\_ **10**\_\_\_ **11**\_\_\_\_ **12**\_\_\_\_

**Leadership Positions Held**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What FBLA Activities have you been a part of? (ex. BAA, CSA, SLC, NLC, MOD, Local Chapter Activities, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Why do you want to be on the State Officer Leadership Council?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What makes you a qualified candidate?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If chosen, how do you plan on managing all your responsibilities?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read and understand all requirements and duties associated with the State Leadership Council. If chosen for the council, I will fulfill all requirements and duties expected of me.**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_

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**DUE BY TUESDAY, OCTOBER 13, 2020**

**2020-2021 Alabama FBLA**

**State Leadership Council Chapter**

**Adviser Approval Checklist**

The above candidate is requesting to be a member of the 2020–2021 Alabama FBLA Leadership Council. Please review the following list of qualifications and certify that this member has met all qualifications presented.

|  |  |
| --- | --- |
| **Qualifications** | **Adviser Approval** |
| Membership in local chapter. | □ YES□ NO |
| Member has no or few school/class disciplinary issues. | □ YES□ NO |
| Member has no or few school/class attendance issues. | □ YES□ NO |
| Member attends local chapter meetings regularly. | □ YES□ NO |
| Member will complete the appropriate community service hours. | □ YES□ NO |
| Member will complete the appropriate BAA/LEAD level. | □ YES□ NO |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that the above named member of my local chapter meets all the qualifications to be a part of the Alabama FBLA State Leadership Council. I also understand that if selected, my assistance may also be needed to represent our local chapter, school, and State properly.

Adviser Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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