A local chapter receives the distinguished recognition of being a Golden Chapter by participating in at least eight-of-ten local, state, and national FCCLA activities or projects during the current academic year, August 1 – July 31. A Golden Chapter Application along with required documentation must be mailed to the state adviser by **January 15** for a chapter to receive this honor. Applications will be reviewed and chapters meeting the criteria for a Golden Chapter will receive a special Golden Chapter award and be recognized at the state conference. ***Note: This state project does not lead to a national project award.***

**GOLDEN CHAPTER CRITERIA**

To qualify as a Golden Chapter, you must answer “Yes” to ten-of-twelve of the following statements.

|  |
| --- |
|  1. Chapter affiliated with state and national organization by the first semester national deadline date. |
|  2. At least one-chapter member or team participated in a State STAR Event. |
|  3. Chapter members participated in at least one state project activity.  |
|  4. At least five-chapter members completed all Power of One units. |
|  5. Chapter is an Alabama Champions Chapter. |
|  6. Chapter completed a National FCCLA Programs Award Application (for Career Connection, |
| Families First, Community Service Award, Financial Fitness, Student Body, FACTS or STOP the Violence). |
|  7. Chapter members attended state conference previous year. |
|  8. Chapter members are registered for current year’s state leadership conference. |
|  9. Chapter affiliated at least two Alumni & Associates members. |
| 10. Chapter member(s) attended a Cluster Meeting and/or FCCLA National Leadership Conference. |
| 11. Participated in a state program. |
| 12. Chapter submitted an article to Teen Times. |

# APPLICATION INSTRUCTIONS

1. Type the information requested.
2. Be concise, but give as many details as possible when completing application.
3. Attach required documentation to application.
4. Send your application and documentation to state adviser postmarked by **January 15**.

Mail to: Esther Hicks, FCCLA State Adviser

 P.O. Box 302101

Career and Technical Education

 Montgomery, AL 36130-2101

**GOLDEN CHAPTER DOCUMENTATION**

The following documentation for at least eight activities or projects must be submitted along with the application form to the state office by **January 15**.

1. Chapter affiliated with state and national organization by the first semester national deadline date.

**DOCUMENTATION**: Attach a copy of the Chapter Affiliation Receipt and Form for payment submitted to the national office dated by the current academic year deadline.

1. At least one-chapter member or team participated in State STAR Event.

**DOCUMENTATION**: Complete the State STAR Events Participant Section on application and copy of event score sheets.

1. Chapter members participated in at least one state project activity.

**DOCUMENTATION**: Complete the State Project Activity Form.

1. At least five-chapter members completed all Power of One units.

**DOCUMENTATION**: Attach a copy of the “Five Unit Recognition Application,” from the Power of One cd-rom, for each member completing the five units.

1. Chapter is an Alabama Champions Chapter.

**DOCUMENTATION**: Attach a copy of state application form indicating that required criteria have been met.

1. Chapter completed National FCCLA Programs Award Application (includes Career Connection, Families First, Community Service Award, Financial Fitness, Student Body, FACTS or STOP the Violence).

**DOCUMENTATION**: Attach a copy of the official National FCCLA Programs Award Application.

1. Chapter members attended previous years state conference.

**DOCUMENTATION**: Attach copy of registration receipt.

1. Chapter members are registered for current year’s state leadership conference.

**DOCUMENTATION**: Attach copy of registration receipt.

1. Chapter affiliated at least two Alumni & Associates members.

**DOCUMENTATION**: Complete Alumni & Associates membership section on application.

1. Chapter member(s) attended a Cluster Meeting and/or National FCCLA Leadership Conference. **DOCUMENTATION**: Attach a copy of the registration receipt for the Cluster Meeting or the registration receipt for the National FCCLA Leadership Meeting attended during the academic year that the chapter is applying to become a Golden Chapter.
2. Chapter participated in a state program.

**DOCUMENTATION**: Attach photos of participation, amount funds raised, etc.

1. Chapter submitted an article to Teen Times.

**DOCUMENTATION**: Attach a copy of the article submitted to Teen Times.

**GOLDEN CHAPTER APPLICATION FORM**

|  |  |
| --- | --- |
| CHAPTER: |       |
| SCHOOL: |       |
| ADVISER: |       |
| CHAPTER PRESIDENT: |       |

|  |  |
| --- | --- |
|       | Total Membership (Previous Year) |
|       | Total Membership (Current Year) |

Please answer “Yes” to at least ten of the statements listed below by placing “X” in the appropriate blank.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |
|     |  |     | 1. Chapter affiliated with state and national organization by the first semester national deadline date.
 |
|     |  |     | 1. At least one chapter member or team participated in a State STAR Event.
 |
|     |  |     | 1. Chapter members participated in at least one state project activity.
 |
|     |  |     | 1. At least five chapter members completed all Power of One units.
 |
|     |  |     | 1. Chapter is an Alabama Champions Chapter.
 |
|     |  |     | 1. Chapter completed National FCCLA Programs Award Application.
 |
|     |  |     | 1. Chapter members attended previous years state conference.
 |
|     |  |     | 1. Chapter members are registered for current year’s state leadership conference.
 |
|     |  |     | 1. Chapter affiliated at least two Alumni & Associates members.
 |
|     |  |     | 1. Chapter member(s) attended a Cluster Meeting and/or National FCCLA Leadership Conference.
 |
|     |  |     | 1. Chapter participated in a state program.
 |
|     |  |     | 1. Chapter submitted an article to Teen Times.
 |

All information submitted is correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Chapter President Signature |  | Date |
|  |  |       |
| Chapter Adviser Signature |  | Date |
|  |  |       |
| Principal Signature |  | Date |

**ALABAMA STAR EVENTS PARTICIPANT SECTION**

Check STAR Event(s) entered:

|  |  |  |  |
| --- | --- | --- | --- |
|     | Career Investigation |     | Instructional Video Design |
|     | Chapter in Review Portfolio |     | Interior Design |
|     | Culinary Math Management |     | Interpersonal Communications |
|     | Culinary Arts |     | Job Interview |
|     | Digital Stories for Change |     | Leadership |
|     | Early Childhood Education |     | National Programs in Action |
|     | Entrepreneurship |     | Nutrition and Wellness |
|     | Event Management |     | Professional Presentation |
|     | Environmental Ambassador |     | Promote and Publicize FCCLA! |
|     | Fashion Construction |     | Public Policy Advocate |
|     | Fashion Design |     | Repurpose and Redesign |
|     | FCCLA Chapter Website |     | Say Yes to FCS Education |
|     | Focus on Children |     | Sports Nutrition |
|     | Food Innovations |     | Sustainability Challenge |
|     | Hospitality, Tourism, & Recreation |     | Teach and Train |

**ALUMNI & ASSOCIATES MEMBERSHIP SECTION**

|  |  |
| --- | --- |
| Name |       |
| Mailing Address |       |
| City/State/Zip |       |
| Phone (Day) |       | Fax |       |
| Occupation |       | E-mail |       |
|  |
| Name |       |
| Mailing Address |       |
| City/State/Zip |       |
| Phone (Day) |       | Fax |       |
| Occupation |  | E-mail |       |
|  |

**STATE PROJECT ACTIVITY FORM**

|  |  |
| --- | --- |
| Name of Chapter Project |       |
| Name of State Project |       |
| Number of Chapter Members Participating in Project |       |

Attach a copy of the state project application and complete the form in the space provided.

**PROJECT SUMMARY**: Briefly summarize your project and accomplishments.

**INTEGRATION INTO PROGRAM:** Describe how this project was integrated into classroom instruction.

|  |
| --- |
|       |

**PROMOTION**: How did your project promote a better understanding of family and consumer sciences education and FCCLA?

|  |
| --- |
|       |

#### FOR STATE OFFICE USE ONLY

|  |  |
| --- | --- |
| CHAPTER: |       |
| SCHOOL: |       |

The application will not be reviewed unless all criteria listed below have been followed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |
|     |  |     | Application is typed. |
|     |  |     | All required documentation is submitted. |
|     |  |     | Written information does not exceed space allocated on application form. |
|     |  |     | Ten statements are addressed |

Please place “X” in the blanks indicating if the criteria were met and proper documentation was submitted for the activities or projects the chapter participated in during the academic year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |
|     |  |     | 1. Chapter affiliated with state and national organization by the first semester national deadline date.
 |
|     |  |     | 1. At least one-chapter member or team participated in a State STAR Event.
 |
|     |  |     | 1. Chapter members participated in at least one state project activity.
 |
|     |  |     | 1. At least five-chapter members completed all Power of One units.
 |
|     |  |     | 1. Chapter is an Alabama Champions Chapter.
 |
|     |  |     | 1. Chapter completed National FCCLA Programs Award Application.
 |
|     |  |     | 1. Chapter members attended previous year’s state conference.
 |
|     |  |     | 1. Chapter members are registered for current year’s state leadership conference.
 |
|     |  |     | 1. Chapter affiliated at least two Alumni & Associates members.
 |
|     |  |     | 1. Chapter member(s) attended a Cluster Meeting and/or National FCCLA Leadership Conference.
 |
|     |  |     | 1. Chapter participated in a state conference.
 |
|     |  |     | 1. Chapter submitted an article to Teen Times.
 |
|  |  |  |  |
| **Yes** |  | **No** |  |
|     |  |     | This chapter meets the criteria for becoming a Golden Chapter. |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Evaluator |  | Date |