



Five Unit Recognition Application

Use this form to apply for state and national recognition when you have completed all five Power of One units. Send the completed form to your **CHAPTER ADVISER** before the deadline so that they can submit your name to the FCCLA Portal.

National dues must be **paid by March 1st** to be eligible for national recognition.

Participant Information

Member Name: _____

Chapter Name: _____

Chapter ID Number: _____

Date: _____

Unit: **A Better You**

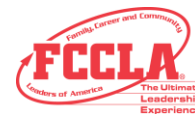
Project Title: _____

Description and Accomplishments:

Unit: **Family Ties**

Project Title: _____

Description and Accomplishments:



Unit: **Working on Working**

Project Title: _____

Description and Accomplishments:

Unit: **Take the Lead**

Project Title: _____

Description and Accomplishments:

Unit: **Speak Out for FCCLA**

Project Title: _____

Description and Accomplishments:

I certify that the above student has satisfied the national membership requirements and has completed all five Power of One Units.

Chapter Adviser Signature: _____

Date: _____