



New York State FHA/FCCLA Alumni & Associates
Assisting in the Success of Youth Leadership in New York State
Post Office Box 865, Canandaigua, NY 14424-0865
<http://alumni.nysfccla.org> alumni@nysfccla.org

NOMINATION FORM
NEW YORK STATE FCCLA LEADERSHIP HALL OF FAME

Nominee's Name: _____

Nominee's Address: _____

Nominee's Phone Number: _____ E-Mail: _____

Year(s) Nominee was involved in FHA/FCCLA: _____

Nominee's FHA/FCCLA Chapter: _____

Nominee's Current Occupation: _____

Nominee's Family Information (Marital Status, Children, Grandchildren, etc.): _____

Any Accomplishments/Awards/Honors of the Nominee: _____

Describe, to the best of your ability, how the purposes and ideals of FHA/FCCLA have been upheld:

What is/are the reason(s) for your nomination of this individual to the New York State FCCLA Leadership Hall of Fame?

Any other information that would be helpful or beneficial for us to know about your nominee:

REMINDER: Please include a photograph of the nominee to be used for the Leadership Hall of Fame display at State Meeting.

****This form MUST BE POSTMARKED NO LATER THAN FEBRUARY 25, 2005, for consideration.****

Nominated By: _____ Date: _____