

NEBRASKA FCCLA Financial Fitness CHAPTER AWARD Form



Please copy and complete this form about your successful Financial Fitness project by February 10.

Chapter _____ Adviser _____

School _____

Phone (_____) _____ FAX (_____) _____

Address _____

City/State/ZIP _____

PROJECT DESCRIPTION

Project Title _____

Project area (check all that apply)

- Banking Basics Consumer Clout
 Cash Control Financing Your Future
 Making Money

For this Financial Fitness project, our chapter (describe in detail the activities you completed)

FCCLA members were responsible for planning and completing the project.

The project took place on _____.

The project was held in _____

Mail to:

Financial Fitness TEAM ADVISER (1st name listed).
Refer to red handbook listing of teams/Team Advisers.

PROJECT GOALS

This Financial Fitness project addressed the following money-related teen concern _____

The project's goal was to _____

PROJECT RESULTS

This Financial Fitness project reached _____ teenagers.

The most successful part of the project was _____

The project was publicized by (please attach examples)

The project received the following awards or recognition

BY: February 10 (February 9 postmark required)