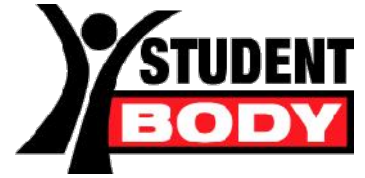


NEBRASKA FCCLA Student Body CHAPTER AWARD Form



Please copy and complete this form about your successful Student Body project by February 10 (February 9 postmarked required for consideration).

Chapter _____ Adviser _____

School _____

School Phone () _____ FAX () _____

Address _____

City/State/ZIP _____

PROJECT DESCRIPTION

Project Title _____

Project area (check all that apply)

- Eat Right
- Be Fit
- Make Healthy Choices

For this Student Body 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 _____

PROJECT GOALS

This Student Body project addressed the following teen concern _____

The project's goal was to _____

PROJECT RESULTS

This Student Body project reached _____ teenagers.

The most successful part of the project was _____

The project was publicized by (please attach 1-2 proofs)

The project received the following awards or recognition

Mail to:

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

BY: February 10 (February 9 postmark required)