

# Five Unit Recognition Application

Use this form to apply for state and national recognition when you have completed all five Power of One Units. Please print or type all information. Attach the completed form for each member, in the portal, when submitting (checking off) members names for national recognition.

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Download and save this Power of One editable PDF to your computer as a resource for easier recognition opportunities and archiving purposes.

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National dues must be received by March 1 for students to qualify for national recognition.

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## Participant Information

Member Name:

Adviser Name:

School Name:

School Address:

City:

State:

Zip:

School Phone:

Fax:

Current Grade in School:

E-mail Address:

## Unit: A Better You

Project Title:

Date Approved:

Description and accomplishments:

## Unit: Family Ties

Project Title:

Date Approved:

Description and accomplishments:

## Unit: Working on Working

Project Title:

Date Approved:

Description and accomplishments:

### Unit: Take the Lead

Project Title:

Date Approved:

Description and accomplishments:

### Unit: Speak Out for FCCLA

Project Title:

Date Approved:

Description and accomplishments:

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**I certify the above student has met the national membership requirements and has completed all five Power of One units.**

Chapter Adviser Signature:

Date: