



POWER OF ONE -Five Unit Recognition Application

Use this form to apply for state and national recognition when you have completed all five Power of One Units. Print or type all information.
Scan or print completed application to PDF.

FOR SD FCCLA Recognition: Email one copy of completed form by February 21, 2025, to SD FCCLA Vice President of Recognition, Avaya Carlson (AC4134@k12.sd.us). Attach one copy of Chapter Affiliation form per chapter in email to verify membership for students submitting Power of One applications.

FOR NATIONAL RECOGNITION: FCCLA offers national recognition to members who complete all five (5) FCCLA Power of One units. This honor includes special recognition on the FCCLA website, and at the National Leadership Conference. Deadline: Applications must be uploaded by adviser via FCCLA portal on or before March 1. The online award system portal automatically closes March 1, 5:00 PM EST. Upload PDF of completed application in portal (National Program tab), when submitting (check off) member names for national recognition. National dues must be received by March 1 for students to qualify for national recognition.

FCCLA Website Power of One Info: <https://fcclainc.org/engage/national-programs> Click on Power of One Link

Nat'l PDF Power of One Application Link: <https://fcclainc.org/sites/default/files/Power%20of%20One%20FCCLA%20Recognition%20Application.pdf>

Google Drive Download Link: <https://docs.google.com/document/d/1T-wMdG4wHatTbP-XyTS6YTdyzGguWYgc/copy>

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:

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

Chapter Adviser Signature: _____ Date: _____