

New Jersey  
Family Career and Community Leaders of America  
**OUTSTANDING ADVISER AWARD**

*Application Must Be Postmarked by: March 1, 2024*

Outstanding FCCLA Advisers are individuals who live on the “extra mile” by giving of themselves and their precious time. They possess integrity, dedication, kindness, and professionalism. This award will be given to a Family and Consumer Sciences teacher who exemplifies the qualities of a dedicated FCCLA Adviser and active professional. The sponsors of this award are EFACS-NJ and New Jersey FCCLA.

This Award will be given annually at the New Jersey FCCLA State Leadership Conference. The selection will be based on the following criteria:

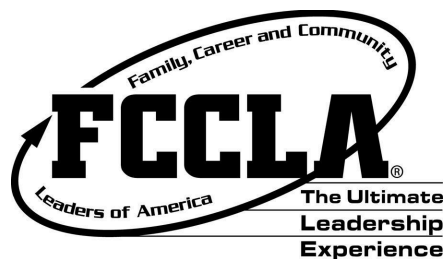
1. *Nominee maintains a balanced "program of work" that includes family, and school projects within their FCCLA chapter.*
2. *Nominee's work with students exemplifies the mission and goal of FCCLA.*
3. *Nominee is a student motivator and demonstrates excellent student rapport.*
4. *Nominee promotes a positive image of Family and Consumer Sciences and FCCLA.*
5. *Nominee had made considerable contributions to both professional and student organizations.*

The person selected will be given a large "memorial plaque" which has the names of all the previous recipients as well as their own name added to the list. This plaque is on loan and may be displayed in their school for one year. When the year is over and a new winner is selected, the plaque is passed on and replaced with a permanent recognition award.

The selection committee will include one members of the EFACS-NJ Executive Board, one member of the FCCLA Executive Council, and one former recipients of the Outstanding Adviser Award. The FCCLA State Adviser will serve as an ex-officio member of the selection committee.

**Return completed application to:**

New Jersey FCCLA State Office  
c/o Patricia DiGioia-Laird  
NJ FCCLA State Adviser  
855 Grove Avenue  
Edison, New Jersey 08820-2200



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FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA  
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*NOMINATION FORM*

*Application Due by: March 1, 2024*

Nominee's Name \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Number of Years as an Adviser \_\_\_\_\_

Professional Activities and Memberships \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Please explain your reasons for nominating this adviser and identify specific examples using the criteria on the cover page.

Person/Chapter who initiated this nomination: \_\_\_\_\_

Contact Information: \_\_\_\_\_