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# IOWA FCCLA STATE/NATIONAL OFFICER CANDIDATE: RECOMMENDATIONS: PART 3

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## Statement of Support

The candidate's success is closely related to the support he/she receives from his/her family, chapter and school officials. Please indicate your approval and support of him/her pursuing the goal to be an effective State Officer.

The \_\_\_\_\_ recommends \_\_\_\_\_ as an  
Name of Chapter Name of Member

(circle one) Iowa FCCLA State Officer or National Officer Candidate.

**Please include two letters of recommendation; one from your Chapter Adviser and one from your school administrator or school counselor.**

***"I am in support of this candidate becoming an elected State/National Officer of Iowa FCCLA. I will do whatever I can to support and encourage him/her."***

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chapter Adviser

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of a Chapter Officer

\_\_\_\_\_  
Date