

THIS FORM MUST BE IN **TYPED FORM** WITH OFFICIAL SIGNATURES.  
 COMPLETED APPLICATION MUST BE SUBMITTED DIRECTLY TO RANDA MICKLE, DISTRICT I COORDINATOR.  
 APPLICATIONS MUST BE RECEIVED ON/BEFORE **DECEMBER 20, 2023**.

District Parliamentarian Test will be completed during the School-Site Online Objective Testing Window.  
 Local Chapter may submit one applicant for Parliamentarian in addition to underclassmen members of the Chapter's Parliamentary Procedure team.

## DISTRICT I OFFICER APPLICATION

### Arkansas Future Business Leaders of America

Please note of critical importance is an emphasis on the National Business Achievement Awards and business class participation. Regarding the National Business Achievement Awards, state officer candidates must have completed the Future Level by the officer application deadline and submit proof of completion. If elected, the student must complete the Business Level during his/her term in office. Regarding business classes, state officers must be enrolled in at least one business class during his/her term in office. Same is encouraged for District Officer candidates. For further information regarding qualifications and responsibilities, please study the FBLA State Handbook.

<b>Name:</b>		<b>Office Sought:</b>	
<b>School:</b>		<b>Chapter #:</b>	
<b>School Address:</b>			
<b>School Phone:</b>		<b>School Fax:</b>	
<b>Parents/Guardian:</b>			
<b>Home Address:</b>			
<b>Home Phone:</b>		<b>Candidate e-mail:</b>	
<b>FBLA Offices Held:</b>			
<b>Competitive Event Entering This Year:</b>			
<b>Current Grade:</b>	<b>Freshman</b>	<b>Sophomore</b>	<b>Junior</b>
<b>Statement of Qualifications: (Extracurricular activities, part-time jobs, honors received, business classes—completed, currently enrolled in, and taking next year, National Business Achievement Awards—indicate if completed or in progress) Attach a separate sheet if necessary.</b>			

**CANDIDATE CONSENT:**

As a candidate for this office, I have read the duties of this office (found in the State Handbook in the District Supplement section). I understand that I am required to attend the activities listed on the below and I will complete my duties as directed by the District Coordinator and/or State Adviser. If I am elected and am not in attendance during the **FULL** time of the below-required activities, I understand that I will be asked to resign immediately.

**ALL OFFICERS (Please initial beside each meeting to indicate that you understand the following meetings are required.)**

- \_\_\_\_\_ 1. **ALL OFFICERS & OFFICER ADVISERS:** State Leadership Conference, April 29-30, 2024, Little Rock
- \_\_\_\_\_ 2. **ALL OFFICERS & OFFICER ADVISERS:** District I Officer Training, Summer 2024, Fort Smith
- \_\_\_\_\_ 3. **ALL OFFICERS & OFFICER ADVISERS:** District I Fall Conference, October/November 2024, Greenwood
- \_\_\_\_\_ 4. **ALL OFFICERS & OFFICER ADVISERS:** National Fall Conference, November 2024
- \_\_\_\_\_ 5. **ALL OFFICERS & OFFICER ADVISERS:** District I Executive Council Meeting, January/February 2025, Fort Smith
- \_\_\_\_\_ 6. **ALL OFFICERS & OFFICER ADVISERS:** District I Spring Conference, January/February 2025, Fort Smith

**President/State VP ONLY (ADDITIONAL DUTIES)**

- \_\_\_\_\_ 1. **PRESIDENT & his/her ADVISER ONLY:** State Officer Training, May 29-31, 2024, ATU, Russellville
- \_\_\_\_\_ 2. **PRESIDENT & his/her ADVISER ONLY:** National Conference, June 29-July 2, 2024, Orlando, Florida
- \_\_\_\_\_ 3. **PRESIDENT & his/her ADVISER ONLY:** National Fall Conference, TBA November 2024
- \_\_\_\_\_ 4. **PRESIDENT & his/her ADVISER ONLY:** Mid-Year State Executive Council Meeting, December, 2024, Russellville
- \_\_\_\_\_ 5. **PRESIDENT & his/her ADVISER ONLY:** State Leadership, April 6-8, 2025, Little Rock

\_\_\_\_\_  
Signature of Candidate

**PARENTAL CONSENT:**

As parents of this officer applicant, I will see that he/she attends **ALL** the required meetings as listed above and initialed by officer applicant. I understand that it is the adviser’s responsibility to attend each meeting with the officer.

If your child is elected and is not in attendance during the **FULL** time of the above-required activities, he/she will be asked to resign. The FBLA State Executive Council and Board of Directors made this decision in hopes that the newly elected officer will get the complete benefit of being a leader in our organization, and will be trained to become an outstanding leader.

\_\_\_\_\_  
(Signature of Parent/Guardian)

**ADVISER CONSENT:**

Adviser's Name	
Home Address:	
Home & Cell Phones:	
Adviser Email:	

**ADVISERS (Please initial beside each meeting to indicate that you understand the following meetings are required.)**

- \_\_\_\_\_ 1. **ALL OFFICERS & OFFICER ADVISERS:** State Leadership Conference, April 29-30, 2024, Little Rock
- \_\_\_\_\_ 2. **ALL OFFICERS & OFFICER ADVISERS:** District I Officer Training, Summer 2024, Fort Smith
- \_\_\_\_\_ 3. **ALL OFFICERS & OFFICER ADVISERS:** District I Fall Conference, October/November 2024, Greenwood
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As adviser, I **ACCEPT** the responsibility of traveling with this student to all meetings and conferences at the District, State, and National levels that would be required if my student is elected. I understand I must attend these meetings with my student due to duties I will be assigned as well. If your student is elected and is not in attendance during the **FULL** time of the above-required activities, he/she will be asked to resign.

\_\_\_\_\_  
(Signature of Adviser)

**ADMINISTRATION CONSENT:**

Administrator Name:	
Administrator Position:	
Office Phone:	
Administrator Email:	

The administration of the school supports the student candidate and chapter adviser. It is understood that if the student is elected there will be a certain amount of travel required by both the student and the adviser, and the two will be allowed to participate in the above listed FBLA activities.

\_\_\_\_\_  
(Signature of Administrator)

## Release Form

I, \_\_\_\_\_, hereby agree and consent to allow the Arkansas Department of Education (ADE), and anyone authorized by ADE, to use the name, school district, and hometown and to reproduce, edit, alter, or publish photographs, audio, and video recordings of my child, children, or myself and their/my work products (“my/child’s information”) without payment or any other consideration. I understand that the ADE owns a copyright and all other media distribution rights for any publication in which my/child’s information appears and may exclusively use this in any manner, in whole or in part, including print, broadcast, digital media, or online. I understand that publications containing my/child’s information will become property of ADE and will not be returned. Furthermore, I, on behalf of myself, my child or children, and any person acting on our behalf, hereby consent and agree to release any and all claims or causes of action against ADE and any of its associates, employees, or agents associated with the release of my/child’s information that is in the possession or control of ADE and is used or released as part of the normal course of business of the ADE.

Parent’s Name or Adult

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(Please print.)

Child’s Name or Children’s Names

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(Please print.)

Signature of Parent or Adult

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(Please sign in cursive.)

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Date